

SONS of the AMERICAN LEGION - POST 199, Eastern Shore
Application for Membership * 2027

Eligibility: "All **male descendants**, adopted sons, and stepsons of members of The American Legion, and such male **descendants** of veterans who died in service during World War I or since December 7, 1941, during the delimiting periods set forth in Article IV, Section 1, of the National Constitution of The American Legion or who died subsequent to their honorable discharge from such service, shall be eligible for membership in the Sons of The American Legion."

*** ALL FIELDS ARE REQUIRED (LEGIBLY COMPLETED), WITH PROOF OF ELIGIBILITY and PAYMENT ***

First Name _____ MI _____ Last Name _____

Date of Birth (MM/DD/YYYY) _____ / _____ / _____

Home Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

____ New Member

Required: Veteran-**Ancestor** Relative Through Whom Eligibility is Established

Name _____ Relationship: _____

(a) Above is a member in good standing of Post No. _____, Dept. of _____
(REQUIRED: Attach veteran's current American Legion Card.)

OR

(b) Above is a deceased veteran who served honorably from _____ to _____
(REQUIRED: Attach veteran's DD 214 [Available at archives.gov] or equivalent.)

____ **Renewal*** (* Note: **\$55** fee, below, if lapsed—i.e. renewing after **January 1.**)

____ **Transfer** (REQUIRED: Member # _____ Squadron # _____ State _____)

Membership
Cards **must** be
picked up at the
Canteen bar. Ask
your bartender!

RENEWAL for Members

in Good Standing: \$ **40.00**

Additional Donation
(optional)

Total Submitted* \$ _____

NEW Members

& **LAPSED** Members \$ **55.00**

\$ _____

Dues MUST accompany applications and may be paid at the Post bar or by check and mailed to:

Sons of the American Legion, PO Box 604, Point Clear, AL 36564

SIGNATURE OF APPLICANT

Date