



APPLICATION FOR MEMBERSHIP

Sons of the American Legion, Detachment of Alabama
Matthew Blount Post 555 | Squadron 555



Name First: _____ MI: _____ Last: _____

Address Street: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Phone: _____ **Date of Birth:** _____

Recruited By: _____

Veteran through whom eligibility is established: _____

(a) Above is member in good standing of Post No. _____, Department of _____; or

(b) Above is a deceased veteran who served honorably from _____ to _____.

Relationship of Applicant to Veteran: _____

Has Applicant previously been an SAL member? _____

If so, where? Squadron No. _____, **Detachment of** _____

I hereby subscribe to the Constitution of the Sons of the American Legion, apply for membership, and pay \$20 as annual dues,

Signed: _____ **Date:** _____

Parent Signature, if applicant is minor: _____

[ADMIN USE] Eligibility Certified by: _____

[ADMIN USE] Receipt \$20 Squadron 555 Dues by: _____

Bring your completed application, \$20 dues, and proof of eligibility to the next Squadron 555 meeting, or mail to the address below. Make checks payable to "American Legion Matthew Blount Post 555" with memo line indicating "SAL Membership" and applicant's name. Questions? Call 205.222.4495 or email sons555ala@gmail.com.

Meetings held 2nd Tuesday of each month at **50 Racquet Club Pkwy Pelham, AL 35124**

Mail Applications to
American Legion Post 555
Sons of the American Legion
PO Box 97
Pelham, AL 35124