

Welcome To The American Legion

American's Largest Veterans Service Organization



***Sons of the American Legion
Montgomery, MN
Squadron #79***

MEMBERSHIP APPLICATION

Date: _____

Detachment of the American Legion Post #79, Montgomery, MN Squadron #79

Birth Date: _____

- I am sending a check for \$20.00 payable to: Sons of the American Legion (or SAL) for my first year's membership

Mail to: Ed Vlasak, Commander
Sons of the American Legion
American Legion Post #79
102 Elm Avenue SW
Montgomery, MN 56069

First Name/Middle Initial: _____

Last Name: _____

Street Address: _____

City & Zip Code: _____

Phone #: _____

E-mail: _____

Veteran through whom
Eligibility is established: _____

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

OR

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

(c) Relationship of Applicant to Veteran _____

Has Applicant previously been a member of the SAL? _____ Where? _____

I hereby subscribe to the Constitution of the Sons of the American Legion and apply for membership.

PLEASE SIGN AND DATE:

[SIGNATURE]

[DATE]