

Sons of The American Legion Membership Application



Detachment of MN Squadron No. 621

\_\_\_\_\_  
Date Birth Date Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address City

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
E-Mail Address

Veteran through whom eligibility is established \_\_\_\_\_

(a) Above is a member in good standing of Post No. \_\_\_\_\_ Dept. of \_\_\_\_\_

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

Relationship of Applicant to Veteran \_\_\_\_\_

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

\_\_\_\_\_  
Applicant or Parent signature

If you are paying your dues by check make payable to: Son of the American Legion

Send completed application and dues payment to:

American Legion Post 620  
5383 140th Street North  
Hugo, MN 55038  
Attention: Membership

Or you can drop them off at the post. Place application and dues payment in black Membership mailbox by the offices