

Please fill out this form,  
then print and sign.  
Return to any officer of  
the Sons



**Sons of The American Legion**  
**Detachment of Connecticut**  
Buck-Dubiel Squadron 101  
P.O. Box 101  
Somers, CT 06071-0101

**Membership Application**

First Name:  Middle Initial:

Last Name:

Mailing Address:

City:  State:  Zip:

Phone:  Birth Date:

Email Address:

Veteran through whom eligibility is established

(a) Above is a member in good standing of Post No. , Dept. 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, Y or N?  Where?

*Payment of \$25 annual dues for S.A.L. membership, is done through the squadron applied to. The squadron receiving this application for membership, will contact the applicant for payment and proof of eligibility.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Eligibility certified by: \_\_\_\_\_ Date: \_\_\_\_\_

(Post Adjutant)