

SONS of the AMERICAN LEGION, POST 199, Fairhope, Alabama

Application for Membership

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. There shall be no form or class of membership except an active membership."

*** ALL FIELDS ARE REQUIRED ***

Date of This Application (MM/DD/YYYY) _____ / _____ / _____

___ **New Member** (Required: Name of Relative Who Served _____)

Relationship _____)

___ **Renewal**

___ **Transfer** (Required: Member # _____ Squadron # _____ State _____)

First Name _____ MI _____ Last Name _____

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

Home Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Membership Cards
must be picked up
at the Canteen bar.

Annual Dues: \$ **30.00**

Additional Donation (optional) _____

Total Submitted* \$ _____

* Dues may be paid by cash or check at the canteen bar at 700 S. Mobile Street, in Fairhope **OR** by check mailed to: Sons of the American Legion, ATTN: Adjutant, PO Box 473, Fairhope, AL 36533

SIGNATURE OF APPLICANT

NAME OF RECRUITER