

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

## Application for Membership \* 2025

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  
will be mailed until  
the new Canteen  
bar opens.

**RENEWAL** for Members

in Good Standing: \$ **40.00**

Additional Donation  
(optional)

**Total Submitted\***

\$ \_\_\_\_\_

**NEW** Members

& **LAPSED** Members \$ **55.00**

\$ \_\_\_\_\_

**\* Dues may be paid by check** mailed to:

Sons of the American Legion, ATTN: Adjutant, PO Box 473, Fairhope, AL 36533

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NAME OF RECRUITER, if any