

# APPLICATION FOR MEMBERSHIP IN THE SONS OF THE AMERICAN LEGION



MAIL ALL APPLICATIONS TO:

S.A.L. AMERICAN LEGION LEROY HILL POST  
#19 S.A.L. DIVISION  
315 Meadowbrook Circle, GARDNER, KS 66030

**CONTACT BY PHONE: (913) 884-9568**

To be eligible, you must be a male descendant (includes stepsons and adopted sons) of a member of The American Legion or an eligible member of the armed forces during the dates listed below.

The following are requirements for descendants of veterans to qualify for that affect your S.A.L. membership applicants:

1. Your military family member must have an honorable discharge from the United States Military or discharge under Honorable Condition.
2. They need to have had at least 1 day of Active Duty during these eligibility periods:
  - A. December 7, 1941 to Present
  - B. April 6, 1917 to November 11, 1918
  - C. Merchant Marines - December 7, 1941 to August 15, 1945 (Only Eligibility)

If you need help obtaining the records to prove your eligibility visit  
<http://www.archives.gov/st-louis/military-personnel/>

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**THE SONS OF THE AMERICAN LEGION MEMBERSHIP APPLICATION FORM**

**TO DELIVER IN PERSON, BRING TO: AMERICAN LEGION LEROY HILL POST #19  
315 MEADOWBROOK CIRCLE, GARDNER, KS 66030**

Detachment of American Legion LeRoy Hill Post #19      Squadron No. 19      Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Recruited by \_\_\_\_\_  
(First)      (Initial)      (Last)      (First)      (Initial)      (Last)

Address \_\_\_\_\_  
(Street)      (City)      (State)      (Zip)      (Telephone)

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 \_\_\_\_\_

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

Has Applicant previously been a member of the SAL (Y/N)? \_\_\_\_\_ Where? \_\_\_\_\_

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

\$30.00 as annual membership dues.

Email Address \_\_\_\_\_

Signed \_\_\_\_\_ Eligibility certified by \_\_\_\_\_  
(By Applicant or Parent)      Post Adjutant

## RECEIPT

Date \_\_\_\_\_

Received From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$30.00 for payment of Dues

Squadron \_\_\_\_\_ 19 \_\_\_\_\_

Detachment of: The American Legion LeRoy Hill Post #19  
315 Meadowbrook Circle  
Gardner, KS 66030