

Application for Membership in the Sons of the American Legion



Detachment of New Jersey Squadron No. 170

Applicant's Name	
Street	
City	
State & Zip	
Tel. Number	
Date of Birth	

Veteran through whom eligibility is established	
Relationship to Veteran	

The above member is a member in good standing of:

<input type="checkbox"/>	A.	Post No.		Department of	
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or

The above is a deceased veteran who served honorably

<input type="checkbox"/>	B.	From		To	
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Has the applicant ever been a member of the SAL

Yes **No**

If Yes, where?

Applicant's Signature	
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Date of Application	
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Recruited by	
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Eligibility certified by	
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