

Sons of the American Legion
Veterans Memorial Squadron #347
P.O. Box 1534, Lady Lake, FL 32158-1534

Member Application Instructions

1. Complete the attached Member Application in full – ALL pages. Check type of Membership at top, i.e. “New; Transfer; Juvenile”.
2. If a transfer, complete the S.A.L. “Member Data Form” as provided and include with your application.
3. Include a check or cash for the appropriate Dues amount.
4. Attach the appropriate Veteran information as requested on the application.
5. Sign and date the application.
6. Mail the completed paperwork to the address above or turn it into the American Legion Post #347 front office Monday through Friday 9 A.M to 3:30 P.M.
7. After your application has been processed, the S.A.L. 1st Vice Commander will contact you and invite you to the next S.A.L. Membership Meeting where your application will be voted on for acceptance into the Squadron and you will receive your Membership Card.
8. S.A.L. Squadron #347 Membership Meetings are held at the Post on the 3rd Wednesday of each month at 7:00 P.M.
9. Questions or concerns may be directed to the Squadron via email SAL-347@comcast.net, call the front office at 352-750-2099, or by visiting the Post.

Thank you for your interest in serving our Veterans and the Community and for joining Squadron #347.

1st Vice Commander
Sons of the American Legion
Veterans Memorial Squadron #347

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Veterans Memorial Squadron 347
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Member Application: New ___; Transfer ___; Juvenile ___

NOTE: NEW ANNUAL DUES AMOUNT EFFECTIVE 7/1/2018

Annual Dues: Adult - **\$30**; Under 19- **\$12**; Dual - **\$12** (Circle One)

First name: _____ MI: ___ Last Name: _____

Address: _____ D.O.B. ___/___/___

City: _____ State: _____ Zip Code: _____

Phone #: Home: _____ Cell: _____

Email Address*: _____

*Squadron #347 Adjutant occasionally sends meeting minutes, updates, & communications via email.

Membership Eligibility Criteria: *All male descendants, adopted sons & stepsons, grandsons & great grandsons of members of the American Legion and/or such male descendants of Veterans who died but served at least one day of active duty during the dates noted below and was honorably discharged are eligible. Proof of the Veteran's active membership in the American Legion for those living and/or proof of military service Discharge Papers & Death Certificate is required. Please check all service periods below that apply.*

WW1: 4/6/17-11/11/18 ___ **WW2:** 12/7/41-12/31/46 ___

Korea: 6/25/50-1/31/55 ___ **Vietnam:** 2/28/61-5/7/75 ___

Leb/Grda: 8/24/82-7/31/84 ___ **Pan.:** 12/20/89-1/31/90 ___

Gulf War: 8/2/90 to present ___

Military Branch (circle): *Air Force, Army, Coast Guard, Marines, Navy, Merchant Marines, Other (please note): _____*

Name of Individual Establishing your Eligibility*:

*eligibility may come from your Father, Mother, Grandfathers, Grandmothers, Step Parent, etc.

Name _____ Relationship _____

If living, you must provide a copy of their membership card & the Post where Veteran is in good standing, as well as a copy of their DD214/Discharge papers.

Post Name: _____ Post #: _____

If deceased, please note active duty dates: ___/___/___ to ___/___/____. You must also provide a copy of their DD214/Discharge Papers and a copy of the Death Certificate.

My reasons for becoming a Son of the American Legion:

By signing below, I acknowledge that I do not subscribe to the principles of any group opposed to our form of government. I also certify that the information provided on this application is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: ___/___/___

Recruited by _____

Approved - Post Adjutant _____ Date _____

For Office Use Only:

Application__ Dues Payment __

Copy of Veteran Member Card__

OR *DD214/Dischg Papers + Death Certificate __*

If transfer, Member Data Form__