

Sons of The American Legion – Membership Application For Argonne Post 56, Sherwood, Oregon

Please print clearly Application to the Detachment of Oregon	, Squadron No. 56. Date	of this application	
Name			
(First)	(M. Initial)	(Last)	
Mailing Address(Street)	(City)	(State)	(Zip)
Phone: Home			
Email address			
Date of Birth			
(a) Name of Veteran through whom eligib	oility is established		
(b) Above Veteran is a member in good st	anding of Post No	Department of	
(c) or above is a deceased Veteran who se	rved honorably from	to	
(a) Relationship of Applicant to Veteran _			
I hereby subscribe to the Constitution of S	Sons of The American Le	gion, apply for memb	pership, and transmit
\$40.00 as annual membership dues. Appli	cant's signature		
Eligibility certified by Post Adjutant		Γ	Date
Membership Dues: 2025 dues for the Son enclose this completed form, a copy of yo card or another military document, and a PO Box 532, Sherwood, OR 97140. Once be mailed to you within 30 days.	ur named Veteran's (line check for \$40.00 to SAL	(a) above) American Post 56. Mail to: The	Legion membership e American Legion,
The American Legion is the nation's large families. Today, it counts 2.2 million served American Legion Posts across the United any of these Posts, with current membersh	ice men and women who States and beyond. Join	are members of more ing the American Leg	e than 13,000 gion allows you to visit
Optional: I am interested in, or would like Helping Veterans and their families Helping with computer work and IT. plumbing, electrical, painting etc Help Other	_ Involvement in youth ac _ Helping to maintain and oing with social events, hel	tivities, baseball, Boys st improve the Post build p prepare and cook mea	ling, carpentry,
Dues Receipt from American Legion, So		•••••	SONS OF THE
Date Applicant's name	R	eceived \$40.00 for 20	
Recruiter's Name			
Recruiter's Signature			