

Application for Membership

Sons of the American Legion

Detachment of New Jersey Squadron No. 57



US Army



US Marine Corps



US Navy



US Air Force



US Coast Guard

Applicant's Name: _____

Date of Birth: _____

Veteran through whom eligibility is established: _____

Relationship to Veteran: _____

Marital Status: _____

Spouse's Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell _____

Email: _____

The above named Veteran is a member in good standing of:

A. Post #: _____ Department of: _____

Or the above named Veteran is deceased having served honorably **

B. From: _____ To: _____

Has the applicant ever been a member of the SAL? Yes No

If YES, Where? _____

Signature: _____

Date: _____

Recruited by: _____

Eligibility certified by: _____

Dues are \$20 per year: Please make any checks payable to **"SAL Squadron 57"**.

Mail Application To: **Membership Chairman
SAL Squadron 57
46 Franklin Turnpike
Waldwick, NJ 07463-1737**

**If the Veteran is deceased, the applicant must provide proof of the Vet's honorable discharge (DD214)