

APPLICATION FOR RENEWAL OF MEMBERSHIP

Sons of The American Legion

Date _____

Detachment of _____ Squadron No. _____ Birth Date _____

Name _____ E-mail Address _____
(First) (Initial) (Last)

Address _____
(Street) (City) (State) (Zip) (Telephone)

Transmit \$ _____ as 2009 annual membership dues.

Signed _____
(By Applicant or Parent)

RECEIPT

Date _____

Received from: _____

\$ _____

for 2009 Dues

Squadron _____
Detachment of _____

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