

Please return completed application to:



The American Legion
Department of Connecticut
Attn: S.A.L. Membership
269 Main Street
Cromwell, CT 06416

Sons of The American Legion
Detachment of Connecticut
Membership Application

First Name:

Middle Initial:

Last Name:

Mailing Address:

City:

State:

Zip:

Phone:

Birth Date:

Email Address:

Veteran through whom eligibility is established

(a) Above is a member in good standing of Post No. _____, Dept of _____

OR (b) Above is a deceased veteran who served honorably from _____ to _____

(c) Relationship of Applicant to Veteran _____

Has Applicant previously been a member of the SAL? _____ Where? _____

I would like to be assigned to a Sons of The American Legion Squadron nearest my home.

OR I would like to join the following Squadron _____

Payment for S.A.L. membership is done strictly at the Squadron level. The Squadron receiving this application for membership will contact the applicant for payment and proof of eligibility.

Signature of Applicant: _____ Date: _____

Eligibility certified by: _____

(Post Adjutant)