



MEMBERSHIP APPLICATION
SONS OF THE AMERICAN LEGION
SQUADRON 149
J.B. Clark Post 149
230 E. Park Ave, Escondido, CA 92025-1811
760-745-1159



Founded in 1932, Sons of The American Legion exists to honor the service and sacrifice of Legionnaires.

| | |
|-----------------|--------------------------------|
| Name: | Date: |
| Street Address: | City: |
| State: | Zip Code: |
| Home Phone #: | Cell Phone #: |
| E-Mail Address: | Date of Birth: |
| Signature: | Who/How did you hear about us: |

Membership Eligibility

The Son's is open to all male descendants (adapted, stepson or grandson) of:

Name of Veteran: _____ Relationship to Veteran: _____

The Veteran is:

A member of The American Legion: Membership number _____ or
 Post Number _____ Department of _____

The Veteran is deceased and served honorably from _____ to _____

*Membership eligibility must be verified by the Post Adjutant or a Squadron Officer: _____

DD-214 discharge or enlistment documents other evidentiary documents

*Membership contingent upon being voted on at the first general meeting after membership submitted.

Please Check Payment Box Below

| | | | |
|--------------------------|--------------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | \$30.00: Regular Membership | <input type="checkbox"/> | \$15.00: Junior Membership |
| <input type="checkbox"/> | \$15.00: Dual Post Membership | <input type="checkbox"/> | (under 21 years old) |

Post/Squadron Adjutant Report

| Date | Action | Date | Action | Date | Action |
|------|-----------------------|------|----------------------|------|---------------------------|
| | Application Processed | | Membership Card Sent | | Member File Set Up |
| | Fee Deposited | | DD Form-214 Verified | | Transmitted To Department |

RECEIPT For Membership in The Sons of The American Legion Squadron 149

| Date | Amount | Payment Received By | Signature |
|------|--------|---------------------|-----------|
| | | | |