



SONS OF THE AMERICAN LEGION

AMERICAN LEGION SPRINGFIELD POST 176
6520 AMHERST AVENUE, SPRINGFIELD, VA 22150

Membership Application

Eligibility: All male descendants, adopted sons and stepsons of members of The American Legion, and such male descendants of veterans who died in service during World War I and from World War II to present, during the delimiting periods set forth in Article IV, Section 1, of the National Constitution of The American Legion, or who died subsequent to their honorable discharge from such service, shall be eligible for membership in the Sons of The American Legion.

A male descendant of a veteran is defined as one of the following:

- A son
- A grandson
- A great-grandson (and so on)
- A stepson
- An adopted son

If you meet these requirements you are eligible for membership in the Sons of The American Legion.

Potential S.A.L. members should use these dates in determining if they are eligible for membership if they had their parents and/or grandparents served during the following periods:

- April 6, 1917 to Nov. 11, 1918
- Dec. 7, 1941 to present

The American Legion establishes proof of eligibility based on a DD-214 form. The DD-214, or DD Form 214 is a document of the United States armed forces issued by the Department of Defense upon a military service member's separation or discharge from the active duty military.

Include a copy of the DD-214 of the person you have eligibility from with this application.

If the veteran through whom you qualify doesn't already have their DD-214 form readily available then the National Personnel Records Center (NPRC) has provided a website for veterans to gain access to their DD-214 online: vetrecs.archives.gov.

Please write legibly. All fields should be filled if applicable.

Name: _____

Date of Birth (MM/DD/YYYY): ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Veteran through whom eligibility is established: _____

Is the person a member of a Post? (Y/N) _____ If Yes, Where? _____

Veteran Service Dates: ____/____/____ to ____/____/____

Branch of Service _____

Relationship of Applicant to Veteran: _____

Have you previously applied to join the Sons of The American Legion? (Y/N) _____

If Yes, When and Where? _____

Recruited by: _____

Membership Fee:
\$35.00 for Adult
\$30.00 Legionnaire with Dual Membership
\$20.00 Junior (Under 18)

Make check out to "S.A.L. Squadron 176" and mail this form and copy of DD-214 to:

American Legion Post 176
S.A.L. Membership
6520 Amherst Avenue
Springfield, VA 22150

I hereby subscribe to the Constitution of the Sons of The American Legion and apply for membership, and I swear and affirm that the foregoing is true and correct to the best of my knowledge.

Signed: _____

Date: ____/____/____

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Membership Questions: Contact us at SALAdjutant@Post176.org or visit the post website at www.post176.org