

APPLICATION FOR RENEWAL OF MEMBERSHIP

Sons of The American Legion

Date _____

RECEIPT

Detachment of _____ Squadron No. _____ Birth Date _____

Date _____

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

Received from: _____

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

\$ _____

Transmit \$ _____ as 2005 annual membership dues.

for 2005 Dues

Signed _____
(By Applicant or Parent)

Squadron _____
Detachment of _____

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