



Sons of the American Legion

Squadron of Manoa Post 667

1112 Steel Rd.

Havertown, PA 19083

Detachment of Pennsylvania Squadron No.667

Application for Membership

Date: _____

Date of Birth: ____/____/____
(mm/dd/yyyy)

Name: _____
(First) (Initial) (Last)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (required) _____

E-Mail Address: _____

Recruited By: _____
(Last Name) (First Name)

Veteran Through Whom eligibility Established: _____

Above is a member in good standing of Post No. _____, Department of _____

Or (b) Above is a deceased Veteran who served honorably from _____ to _____

Or (c) Relationship of Applicant to Veteran: _____

Has Applicant previously been a member of the SAL ? Yes No (Circle One)

If Yes, where ? _____

I hereby subscribe to the Constitution of the Sons of the American Legion, apply for membership, and include \$20.00 as my membership dues. (Make check payable to SAL Squadron of Manoa Post 667)

Signature: _____

For Office Use

Eligibility certified by; _____ Date: _____