

# Sons of The American Legion Membership Application

## Hannan-Colvin Post #180 - Hudson, MI - \$22 MEMBERSHIP DUES

Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date: \_\_\_\_\_

Name (First) (Initial) (Last) Phone

Mailing Address (City) (State) (Zip)

E-mail Address Recruited By:

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 \_\_\_\_\_

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and transmit **\$ 22** as annual membership dues.



\_\_\_\_\_  
(Signature of Applicant or Parent)

Eligibility certified by: \_\_\_\_\_  
(Post Adjutant)



## Receipt of Dues

### Hannan-Colvin Post #180 - Hudson, MI

From: \_\_\_\_\_

\$ \_\_\_\_\_ FOR 20 \_\_\_\_\_ YEAR Hannan-Colvin Post #180 – Hudson, MI

Recruiter's Name \_\_\_\_\_

Recruiter's Signature \_\_\_\_\_

Recruiter's Phone Number \_\_\_\_\_