APPLICATION FOR RENEWAL OF MEMBERSHIP

Sons of The American Legion  Date______________  RECEIPT

Detachment of__________  Squadron No._________________________  Birth Date_________________________

Name__________________________________________  E-mail Address_____________________________________
        (First)        (Initial) (Last)

Address__________________________________________
        (Street)  (City) (State) (Zip) (Telephone)

Transmit $____ as 2008 annual membership dues.  Signed________________________________________

(By Applicant or Parent)

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