

**Application for Membership
Sons of The American Legion
Cambria Squadron 432**

Detachment: Calif Squadron No 432 Birth Date _____ Date _____

Name _____
(First) (Initial) (Last)

Recruited by _____
(Initial) (Last)

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

Telephone (_____) _____ Cell (_____) _____

Email Address _____

Veteran through whom eligibility is established _____

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

OR (b) Above is a deceased veteran who served honorably from _____ to _____

(c) Relationship of applicant to veteran _____

Has applicant previously been a member of the SAL? _____ Where? _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and transmit as annual membership dues \$ 30.00

Signed _____ Eligibility certified by _____
(By Applicant or Parent)

**Make checks payable to "SAL Squadron 432" and mail to the same at POB 697, Cambria CA 93428-0697
Questions: Contact Squadron Adjutant Steve Kniffen (805) 927-3266 or E-mail: skniffen1@charter.net**