



Sons of the American Legion

Squadron 186 Membership Application

1. Complete the form below.

Name			
Address			
City, State, Zip			
Phone Number (with A/C)			
Veteran through whom eligibility is established			
(a) Above is a member in good standing of Post No.			
OR (b) Above is a deceased veteran who served honorably	From		to

2. Check the appropriate eligibility date and branch of service relative served in and sign below.

Dates of Service	Branch of Service
<input type="checkbox"/> AUG 2, 1990 – OPEN <input type="checkbox"/> DEC 20, 1989 – JAN 31, 1990 <input type="checkbox"/> AUG 24, 1982 – JUL 31, 1984 <input type="checkbox"/> FEB 28, 1961 – MAY 7, 1975 <input type="checkbox"/> JUN 25, 1950 – JAN 31, 1955 <input type="checkbox"/> DEC 7, 1941 – DEC 31 1946 <input type="checkbox"/> APR 6, 1917 – NOV 11, 1918	<input type="checkbox"/> U.S. ARMY <input type="checkbox"/> U.S. NAVY <input type="checkbox"/> U.S. AIR FORCE <input type="checkbox"/> U.S. MARINES <input type="checkbox"/> U.S. COAST GUARD
<input type="checkbox"/> U. S. MERCHANT MARINE – DEC 7, 1941 – AUG 15, 1945	
<p>I certify that I am a relative of a veteran who served at least one day of active military duty during the dates marked above and was honorably discharged or is still serving honorably.</p> <p>Signature and Date: _____</p>	

Name of Recruiter: _____

3. Mail this completed form, a copy of your relative's DD FORM 214 and a check for \$20.00 made out to The Sons of the American Legion Post 186 to:

MEMBERSHIP -SAL
c/o American Legion Post 186
4285 Pine Drive
Little River, SC 29566

OR

Bring it to the Post and give to the bar tender.
 Make sure the envelope is marked
MEMBERSHIP - SAL.