



Post 34
New Member Application Form
(Please Print Legibly)

Date: _____

Applicants Name: _____
First Initial Last

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone # () - ____ - ____ Email: _____

Date of Birth: _____ Social Security #: _____

Evidence of eligibility meets SAL requirements:

Applicant is: Son Adopted Son Stepson Grandson

of: _____ ; who is (a) a member in good standing of

Post # _____ Department of _____ ; OR

(b) a deceased veteran who served Honorably between _____ 19____ and
_____ 19____.

Post/Squadron Adjutant

Applicant

* Application must be signed by applicant and accompanied by \$20.00 cash or check.

Date: _____ Amount Paid \$ _____

Name: _____ By: _____

Meetings are on the second Wednesday of the month at 7:00 pm.