



SONS OF THE AMERICAN LEGION

Detachment of Louisiana

Louisiana S.A.L. Life Membership

Application

07-01-2018 to 06-30-2019



ALL QUESTIONS BELOW MUST BE ANSWERED AND TOTAL REMITTANCE ALONG WITH VETERANS DISCHARGE PAPERS MUST ACCOMPANY THIS APPLICATION.

Applicants Name (Print) *Age Date of Birth Member ID #

Address City State Zip

Amount of Current Dues \$ _____
Date current Squadron Dues were paid ____/____/____
Louisiana S.A.L. Life Membership \$ _____
Total remittance enclosed \$ _____

Squadron Number _____ City _____

I, (the applicant), have read this application in its entirety and agree to its terms including item 5 and 11 in that I or the member for which this Louisiana S.A.L. Life Membership will be grandfathered into life membership should the rate schedule have to be changed.

Print or Type Name of Applicant Date

Signature of Applicant or Guardian Date

Signature of Squadron Membership Chairman Date

Squadron Contact:
Name:
Phone:
E-mail:
*current age of applicant

Original – Mailed to Life Membership Chairman for verification before sending to Department. All checks or money orders should be made payable to: “Sons of The American Legion” or “Detachment of Louisiana”.
Mail to: Camille LeJeune, Jr. / 13917 Ventress Road / Ventress, LA 70783