

## <u>Sons of the American Legion - Post #34</u> <u>New Son Application Form 2023</u>

Thank you for your interest in the SAL Squadron - Post #34, Lancaster, PA. We would like to welcome you to our Post. Please follow the steps below to ensure a timely processing of your application.

Step 1: Complete page #2.

- Step #2: Attach a COPY of your qualifying veterans DD 214 or if deceased, a copy of the obituary that states war time military service.
- Step #3 Make a check payable to the SAL Squadron Post #34. Current dues are \$30.

**Step 4:** Please mail this packet to the address below or stop by and place it in the Membership Mailbox at the Post which is located in the foyer, the 3<sup>rd</sup> door on the right.

Legion - Post #34 Attn: SAL 1388 Arcadia Road Lancaster, PA 17601

Should you have any questions regarding this application or documents needed, please contact Dan Fahringer at 717-340-6049.

Need your family members DD 214?? You can go online to: <u>ww.archives.gov</u>



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|                          |                     | Date:          |                        |  |
|--------------------------|---------------------|----------------|------------------------|--|
| Applicants Name:         | irst Mi             | ddle Initial   | Last                   |  |
| Address:                 |                     |                |                        |  |
| City:                    | State:              | 7              | Zip Code:              |  |
| Telephone # ( )          | Email:              | :              |                        |  |
| Date of Birth:           |                     |                |                        |  |
| Evidence o               | f eligibility meets | s SAL require  | ments:                 |  |
| Applicant is: 🗌 Son      |                     |                |                        |  |
| of:                      |                     |                | ; who is               |  |
| (a) a member in good st  | anding of Post #    | Departm        | ent of;                |  |
|                          | OR                  |                |                        |  |
| (b) a deceased veteran w | vho served Honorab  | ly between the | following dates:       |  |
|                          |                     |                | ·                      |  |
|                          |                     |                |                        |  |
| Applicant Signa          | ture                | SAL Ad         | SAL Adjutant Signature |  |

## Meetings are on the second Wednesday of the month at 7:00 pm in the Post #34 Ballroom, excluding July and December.

<sup>\*</sup> Application must be signed by applicant and accompanied by \$30.00 cash or check along with a copy of the veteran's discharge paper. New memberships will be voted on at the next scheduled meeting.