

Sons of the American Legion
Veterans Memorial Squadron #347
P.O. Box 1534, Lady Lake, FL 32158-1534
Website: www.florida-legion.org
Member Application Instructions

1. **Complete the Member Application** on the back. Check-off the type of Membership at the top: "New; Transfer; Juvenile"; and if you want to be a Dual member (If you also belong to The Legion).
2. **If transferring**, attach a copy of your card.
3. **Identify the Veteran** you are joining on behalf of:
Eligibility may come from your Father, Mother, Grandfather, Grandmother, or Step Parent.

Is the Veteran **Living** or **Deceased** ?

The Veteran's Full Name _____ Relationship to You _____

The Veteran's active duty dates: ___/___/____ to ___/___/____; and check-off which war era:

WW1: 4/6/17-11/11/18 | **WW2:** 12/7/41-12/31/46 | **Korea:** 6/25/50-1/31/55 |

Vietnam: 2/28/61-5/7/75 | **Leb/Grda:** 8/24/82-7/31/84 | **Pan.:** 12/20/89-1/31/90 |

Gulf War: 8/2/90 to present | **Other Periods not included Above** from 12/7/41 - Present: |

Military Branch (circle): Air Force, Army, Coast Guard, Marines, Navy, Merchant Marines, Other

4. **If the Veteran is living**, provide a copy of their current American Legion card and proof of active service (DD-214).
5. **If deceased**, attach the Veteran's proof of active service (DD-214), and proof of death.
6. **Include a check or cash** for the appropriate Dues amount. Sign and date the form(s).
7. Mail the completed paperwork to the address above or turn it into the American Legion Post #347 front office Monday through Friday 9 A.M to 4:00 P.M.
8. After your application has been processed, the Sons 1st Vice Commander will contact you and invite you to the next Sons Membership Meeting where your application will be voted on for acceptance into the Squadron, and you will receive your Membership Card. Sons Squadron #347 Membership Meetings are held at the Post on the 3rd Wednesday of each month at 6:00 PM.
9. Questions or concerns may be directed to the Squadron via email sons347fl@gmail.com, call the front office at 352-750-2099, or by visiting the Post. Also, visit our website for information about The Sons and our Squadron <http://www.florida-legion.org>

Thank you for your interest in serving our Veterans and the Community, and for joining Squadron #347.

Doug White

1st Vice Commander

Mailing Address:

Sons of the American Legion
Veterans Memorial Squadron #347
P.O Box 1534
Lady Lake, FL 32158

Physical Address:

699 W. Lady Lake Blvd.
Lady Lake, FL 32159

Membership Eligibility Criteria: All male descendants, adopted sons & stepsons, grandsons & great grandsons of members of the American Legion and/or such male descendants of Veterans who died but served at least one day of active duty from 4/16/1917 to the Present, and was honorably discharged, are eligible. **Proof of the Veteran's active membership in the American Legion for those living and/or proof of military service Discharge Papers & Death Certificate is required.** Please check all service periods above that apply.

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Member Application: | New | Transfer | Juvenile (Under 19) |
Are you also a member of The American Legion? YES, I want to be a Dual Member |

ANNUAL DUES AMOUNT:

Annual Dues(Check-off one): | Adult - \$30 | Juvenile (Under 19) - \$12 | Dual - \$12 |

Your First name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Seasonal Address: _____ When There: _____

Seasonal City: _____ Seasonal State: _____ Seasonal Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email Address*: _____ D.O.B. ____/____/____

*The Squadron #347 Adjutant will occasionally send meeting minutes & communications via email.

My reasons for becoming a Son of the American Legion:

By signing below, I acknowledge that I do not subscribe to the principles of any group opposed to our form of government. I also certify that the information provided on this application is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: ____/____/____

Recruited by _____

Approved - Post Adjutant _____ Date ____/____/____

For Office Use Only:

Application _____ Dues Payment _____

Copy of living Veteran member card _____

Copy of DD214/Discharge Papers _____ or Equivalent _____ & Death Certificate _____

If transfer, Copy of Member Card _____