



Sons of The American Legion Squadron 416

P.O. Box 12202
Research Triangle Park, NC 27709

First Name

Last Name

Street Address

City

State

Zip

Phone

Email

Date of Birth

Have you been a member previously?

Eligible Through - Name of Veteran (if living, must be American Legion member)

(If applicable) Veteran's American Legion Post Name & State

Veteran Served:

Applicant's Relationship to the Veteran:

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged or is still serving honorably.

Applicant Signature: _____

Date:

Please email completed form to 416SALNC@gmail.com

For Post 416 Officers Only

Officer Verification Signature: _____

Date: