



SONS OF THE AMERICAN LEGION
 Detachment of Louisiana
 Louisiana S.A.L. Life Membership
 Disbursement Voucher

It will be the responsibility of the Squadron Adjutant or Membership Chairman of that Squadron to complete this document in it's fullest before sending to the Chairman of the Louisiana S.A.L. Life Membership Committee.

Applicants Full Name _____ Membership Number _____

Address _____

City, State, Zip _____

Birthday _____ Squadron Number _____ City _____

Member's Life Membership was paid in what year? _____

Amount of Squadron Dues at the time of Life Membership \$ _____
 (Only necessary if different from current yearly membership dues)

Current yearly membership dues for your Squadron \$ _____

Department Headquarters issue check to:

Sons of The American Legion # _____
 Name: _____
 Address: _____
 City, State, Zip _____
 Phone Number _____
 Email address: _____

**FOR DEPARTMENT USE ONLY
 CHECKS TO BE ISSUED FOR THE FOLLOWING.**

National Treasurer for the S.A.L. \$2.00

Detachment Dues for the S.A.L. \$4.00

Amount to be sent to the Squadron # _____ \$ _____

- Original – Life Membership Chairman (white)
- Copy – Department Headquarters (yellow)
- Copy – Detachment Adjutant (green)
- Copy – Squadron Membership (Adjutant) Chairman (pink)