



**SONS OF THE AMERICAN LEGION**  
 Detachment of Louisiana  
 Louisiana S.A.L. Life Membership  
 Application



**ALL QUESTIONS BELOW MUST BE ANSWERED AND TOTAL REMITTANCE MUST ACCOMPANY THIS APPLICATION.**

Applicants Name (Print)	*Age	Date of Birth	Member ID #
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Address	City	State	Zip
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Date current Squadron Dues were paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of Current Dues \$ \_\_\_\_\_

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 10 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
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Signature of Applicant or Guardian	Date
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Signature of Squadron Membership Chairman	Date
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Squadron Contact:

Name:

Phone:

E-mail:

\*current age of applicant

Original – Headquarters with check (white) 1885 Wooddale Blvd 11<sup>th</sup> Floor, Baton Rouge, LA 70806

Copy – Life Membership Chairman (yellow) 13917 Ventress Road, Ventress, LA 70783

Copy – Detachment Adjutant (green) 211 Republic Avenue Apt 512, Lafayette, LA 70508

Copy - Squadron Membership (Adjutant) Chairman (pink)