Detachment of Squadron No	Squadron No Birth Date		Date	
Name(First) (Initial) (Last)	Recruited by	(Initial)	(Last)	
Address(Street)	(City)	(State	e) (Zip)	
-mail Address	Telephone			
eteran through whom eligibility is estable	lished			
a) Above is a member in good standing o	of Post No	, Dept. of		
OR (b) Above is a deceased veteran who s	served honorably from_	<u> </u>	to	
c) Relationship of Applicant to Veteran				
I hereby subscribe to the Constitution of transmit \$ as annual members		can Legion, apply	for membership, and	
	Signed			
	Signed	(By Applicant or F	Parent)	

of Received RECEIPT Date_

Detachment of

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in payment of dues for 20

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Squadron

Ву