SONS OF THE AMERICAN LEGION
Detachment of Louisiana
Louisiana S.A.L. Life Membership
Application
07-01-2026 to 06-30-2027

ALL QUESTIONS BELOW MUST BE ANSWERED AND TOTAL REMITTANCE ALONG WITH VETERANS DISCHARGE PAPERS MUST ACCOMPANY THIS APPLICATION.

Applicants Name (Print) *Age Date of Birth Member ID #

Address City State Zip

Amount of Current Dues $_____
Date current Squadron Dues were paid ____/____/____
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 11 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

_____ _____
Signature of Applicant or Guardian Date

_____ _____
Signature of Squadron Membership Chairman Date

Squadron Contact:
Name:
Phone:
E-mail:
*current age of applicant

Original – Mailed to Life Membership Chairman for verification before sending to Department. All checks or money orders should be made payable to: "The American Legion".
Mail to: Camille LeJeune, Jr. / 13917 Ventress Road / Ventress, LA 70783