



# Application for Squadron Charter

Sons of The American Legion

## Provisions of Sons of The American Legion national Constitution

### ARTICLE IV

#### Eligibility

Section 1. All male descendants, adopted sons and stepsons of members of The American Legion, and such male descendants of veterans who died in service during World War I, World War II, Korean War, Vietnam War, Grenada, Lebanon, Panama or the Persian Gulf, during the delimiting periods of set forth in Article IV, Section 1, of the National Constitution of The American Legion, or who died subsequent to their honorable discharge from such service, shall be eligible for membership in the Sons of The American Legion.

Section 2. There shall be no form or class of membership except an active membership.

### ARTICLE IX

#### Squadron Organization

Section I. Those who desire to form a Squadron the Sons of The American Legion shall make application for a charter to the Post Commander of the local Post of The American Legion in the area in which they reside. Upon approval by the Post Commander the application shall be forwarded to the Department Commander of The American Legion, and upon his approval it shall be forwarded to the National Headquarters of The American Legion, where the charter may be issued by the National Commander and the National Adjutant of The American Legion in the same manner as prescribed for the issuance of charters for Posts of The American Legion.

Section 2. The minimum membership for the formation of a Squadron of the Sons of The American Legion shall be ten (10).

Section 3. There shall be no more than (1) Squadron of the Sons of The American Legion for each Post of The American Legion. Squadrons may be organized into sections based upon age.

(The Sons of The American Legion shall be organized under the jurisdiction of the local Post of The American Legion and shall bear the name and number of the Post.)

*INSTRUCTIONS (Read Carefully) -Each local group will designate a representative to sign the certificate at the foot of this application and to receive the character when issued. Applications should be properly executed by a minimum of ten. Applicants must be made in quadruplicate, one original bearing the signatures of applicants' eligible for membership and three copies bearing the names typewritten. All four will be forwarded to the Post Commander of the local Post of The American Legion. Upon approval by the Post Commander, the application shall be forwarded to the Department Headquarters of The American Legion. The original application will be returned by endorsement to the local Squadron with the charter. One copy of application will be retained by the Post, one copy by the Department Headquarters and the other by National Headquarters of The American Legion.*

To the Post Commander, Department of \_\_\_\_\_

We, the undersigned, hereby certify that we are entitled to membership in the Sons of The American Legion under Article IV of the Constitution, as above quoted. We hereby request the issuance of a charter for the formation of a Squadron at

(City) \_\_\_\_\_ (State) \_\_\_\_\_

to be known as the "Sons of The American Legion Squadron of \_\_\_\_\_"

Post No. \_\_\_\_\_, Department of \_\_\_\_\_."

On issuance of a charter we hereby agree to organize and maintain a Squadron under the above name with a minimum membership often. We hereby further agree to uphold the principles of Sons of The American Legion and to comply with all rules and regulations prescribed by the Department and National Organization of The American Legion.

NAME

ADDRESS

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(Place)

(Date)

I HEREBY CERTIFY to the accuracy and good faith of the above application. The charter when issued is to be mailed to me at the address below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

**FIRST ENDORSEMENT**

Date \_\_\_\_\_, 20\_\_\_\_\_

Address \_\_\_\_\_

To the Commander, Department Organization,

Department \_\_\_\_\_

I certify that I have examined the foregoing application and do (do not) recommend the approval thereof.

Charter to be issued under the name The Sons of the American Legion Squadron of \_\_\_\_\_

Post No. \_\_\_\_\_, Department \_\_\_\_\_

\_\_\_\_\_  
Post Commander

(Department of \_\_\_\_\_)

**SECOND ENDORSEMENT**

Date \_\_\_\_\_, 20\_\_\_\_\_

To The American Legion National Headquarters, Indianapolis, Indiana.

I certify that I have examined the foregoing application and do (do not) recommend the approval thereof.

Charter to be issued under the name The Sons of the American Legion Squadron of \_\_\_\_\_

Post No. \_\_\_\_\_, Department \_\_\_\_\_

\_\_\_\_\_  
Department Commander

(Department of \_\_\_\_\_)

**THIRD ENDORSEMENT**

Date \_\_\_\_\_, 20\_\_\_\_\_

To the Commander, Department Organization,

Department \_\_\_\_\_

(Return) (Approved) Charter issued and enclosed herewith.

\_\_\_\_\_  
National Adjutant

**FOURTH ENDORSEMENT**

Date \_\_\_\_\_, 20\_\_\_\_\_

To \_\_\_\_\_

(Name of Representative Squadron)

Forwarded. Charter applied for herewith enclosed.

\_\_\_\_\_  
Post Commander

(Department of \_\_\_\_\_)



# SONS OF THE AMERICAN LEGION SQUADRON DATA REPORT (SDR)

MEMBERSHIP YEAR **"NEW SQUADRON ONLY"**

DETACHMENT:

State

DISTRICT:

SQUADRON NO:

**\*\* THIS FORM SHOULD BE SUBMITTED WITH THE NEW SAL SQUADRON CHARTER APPLICATION TO THE STATE DEPARTMENT AMERICAN LEGION HEADQUARTERS OFFICE WHERE THE NEW SQUADRONS BEING CREATED \*\***

1) Squadron's Home (Physical) Address:  
( Street address, city, state, and zip code )

2) Squadron's Mailing Address:  
( If different than physical address )

3) Squadron's Dues Mailing Address:

**Note:** If the above address contains a member's name or is being sent to a member's home address as the contact, include their membership number

4) Annual Squadron Dues for \_\_\_\_\_ Dues:  
(membership year) Effective Date: \_\_\_\_\_ Date Format: mm/dd/yyyy  
(select date by clicking inside box above)

**Note:** Include all district and county per capita the squadron will be responsible for paying (if applicable)

5) Squadron Telephone Number:  
**Note:** DO NOT use personal phone numbers of members

6) Squadron Fax Number:

7) Squadron Email Address:

8) Squadron Internet Website:

9) Squadron Facebook Page:

10) Squadron Meeting Day & Time:

Squadron Adjutant *OR* Commander - signature \_\_\_\_\_ Date \_\_\_\_\_  
(select date by clicking inside box above)

Date Format:  
mm/dd/yyyy

**THIS FORM SHOULD BE SUBMITTED WITH A NEW SQUADRON CHARTER APPLICATION ONLY**

Revised: MAY / 2023