



# SONS OF THE AMERICAN LEGION SQUADRON CHARTER APPLICATION

( APPLICATION MUST BE SUBMITTED THROUGH DEPARTMENT STATE HEADQUARTERS OFFICE )

## ADDITIONAL NAMES

**INSTRUCTIONS:** (please read carefully) - Each local group will designate a representative/organizer to print and sign at the footer section at the bottom of this application and to receive the charter when issued. Upon approval by the post commander, the application shall then be forwarded to the Department Headquarters for review. Once reviewed the Department shall then forward the application to National Headquarters for processing/issuance.

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 Charter Legal Name )

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 as prescribed by the Executive Committee of the Department in whose area it lies. 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.

**CHARTER MEMBERS** ( First / Last Name printed )

**MAILING ADDRESS**

(use additional paper to add more charter members if applicable)

I HEREBY CERTIFY to the accuracy and good faith of the above information.

Squadron Organizer

Type First and Last Name to serve as your digital signature

Squadron Mailing Address

Date:

Format: mm/dd/yyyy | { select date by clicking inside box }

Additional Names

Revised: FEB / 2026