SONS OF THE AMERICAN LEGION
SQUADRON CHARTER APPLICATION

(APPLICATION MUST BE SUBMITTED THROUGH DEPARTMENT STATE HEADQUARTERS OFFICE)

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 the period of April 6, 1917, through November 11, 1918, or any time from December 7, 1941, to date, who served honorably, as set forth in Article IV 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.

Section 3. No person may be a member at any one time of more than one squadron.

ARTICLE IX

Squadron Organization

Section 1. Those who desire to form a Squadron of the Sons of The American Legion shall make an application for a charter to the Post Commander of the local Post of The American Legion in the area in which they reside. The charter shall be issued by the National Commander and National Adjutant upon receipt of the application properly executed by the charter members of the applying Squadron, but only when such applying Squadron is approved by the Commander of the Department or by the Department Executive Committee.

Section 2. The minimum membership of a Squadron shall be determined by the Executive Committee of the Department in whose area it lies.

Section 3. There shall be no more than one 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: (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 }

Revised: FEB / 2026

FIRST ENDORSEMENT

Date _____
Format: mm/dd/yyyy (select date by clicking inside box)

Department Address _____

To: **the Commander, Department Organization**, _____

The American Legion (Department of _____ I certify that I have examined the forgoing application and do (do not) recommend the approval thereof. Charter to be issued under the name of the Sons of The American Legion Squadron of Post _____ No. _____ Department of _____

_____
Post Commander - signature

SECOND ENDORSEMENT

To: **The American Legion**
National Headquarters
Indianapolis, Indiana

Date _____
Format: mm/dd/yyyy (select date by clicking inside box)

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 - signature

THIRD ENDORSEMENT

FOR NATIONAL HEADQUARTERS STAFF USE ONLY

To: the Commander, Department Organization, Date _____

The American Legion (Department of _____),

Charter issued and enclosed herewith.

RETURNED **APPROVED**

_____
National Adjutant - signature

FOURTH ENDORSEMENT

" OPTIONAL "

To: _____
Name of Squadron Representative (if applicable)

Date _____
Format: mm/dd/yyyy (select date by clicking inside box)

Forwarded. Charter applied for herewith enclosed.

_____
Post Organizer - signature