



Sons of The American Legion

Florida Past Commander's Club

Membership Application

Name _____

Address _____

City _____ State/Zip _____

Telephone _____

E-mail Address _____

Squadron Number _____ City _____

I am eligible for membership in the Florida SAL Past Commander's Club by virtue of my selection below. Please select all positions that apply and give terms of office.

- | | | | |
|--------------------------|------------------------------|---------|-------|
| <input type="checkbox"/> | Past Squadron Commander | Term(s) | _____ |
| <input type="checkbox"/> | Past District Commander | Term(s) | _____ |
| <input type="checkbox"/> | Past Area Commander | Term(s) | _____ |
| <input type="checkbox"/> | Past Detachment Commander | Term(s) | _____ |
| <input type="checkbox"/> | Past National Vice Commander | Term | _____ |
| <input type="checkbox"/> | Past National Commander | Term | _____ |

I hereby submit this application for membership in the Florida SAL Past Commander's Club. I agree that the above information is correct and I will inform the Secretary if there are any changes in this information. Included with this application, I am submitting \$5.00 for my dues for this membership year.

Applicant Signature _____ Date _____

PCC Ofcr Signature _____ Date _____