



Sons of the American Legion, Squadron 283

15247 La Cruz Drive
Pacific Palisades, California 90272
(310) 454-0527

Sons Application & Credit Card Authorization Agreement

I, _____ (*member name*), authorize the **Sons of the American Legion, Squadron 283** to charge my credit card for membership fees and other fees in the amount of \$ _____.

Billing address: Street Address: _____

City: _____ State: _____ Zip code: _____

Credit Card Information

Card number: _____

Expiration date (MM/YYYY): _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX): _____

FOR NEW APPLICATIONS ONLY:

Birth Date: _____ Telephone: _____

Email: _____

Veteran through whom eligibility is established: _____

Relationship: _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and authorize the amount above as annual dues.

SIGNATURE _____

DATE _____

I authorize Sons of the American Legion, Squadron 283 to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.³²