

## The American Legion Membership Application

_____ (Name)		_____ (Phone)
_____ (Mailing Address)		_____ (Date)
_____ (City)	_____ (State)	_____ (Zip)
_____ (Membership ID #... former member)		_____ (Post #)
_____ (Membership ID #... former member)		_____ (Dues)

### Please check appropriate eligibility dates and branch of service below

- |  |  |
|--|--|
| <input type="checkbox"/> Aug 2, 1990 – cessation of hostilities as determined by U.S. Government |  |
| <input type="checkbox"/> Dec. 20, 1989 – Jan. 31, 1990   | <input type="checkbox"/> U.S. Army   |
| <input type="checkbox"/> Aug. 24, 1982 – July 31, 1984   | <input type="checkbox"/> U.S. Navy   |
| <input type="checkbox"/> Feb. 28, 1961 – May 7, 1975   | <input type="checkbox"/> U.S. Air Force  |
| <input type="checkbox"/> June 25, 1950 – Jan. 31, 1955   | <input type="checkbox"/> U.S. Marines  |
| <input type="checkbox"/> Dec. 7, 1941 – Dec. 31, 1946  | <input type="checkbox"/> U.S. Coast Guard                                      |
| <input type="checkbox"/> April 6, 1917 – Nov 11, 1918  | <input type="checkbox"/> Merchant Marines 12/7/41 – 8/15/45 (only eligibility) |



I certify that I served at least one day of active military duty during the dates marked above and was honorably discharged or am still serving honorably.

30-009 \_\_\_\_\_  
Signature of applicant

\_\_\_\_\_ Name of recruiter

## Receipt of Dues

(Please Print)

From \_\_\_\_\_  
\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Post # \_\_\_\_\_  
Recruiter's Name \_\_\_\_\_  
Recruiter's Signature \_\_\_\_\_  
Recruiter's Phone # \_\_\_\_\_