

The American Legion Membership Application

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Post #)

\_\_\_\_\_  
(e-mail Address)

\_\_\_\_\_  
(Date of Birth)

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

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.

\_\_\_\_\_  
Signature of applicant

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