



Please return completed application to: The American Legion
IT/Data Services
P.O. Box 7017
Indianapolis, IN 46207

D14NET

THE AMERICAN LEGION MEMBERSHIP APPLICATION

YES! I'll help my fellow veterans by becoming a member of The American Legion. I certify that I served at least one day of active military duty during the dates marked below and was honorably discharged or am still serving honorably. Please send my current membership card and my free "Branch of Service" lapel pin.

Please check method of payment:

- ☐ My \$25.00 check or money order is enclosed.
- ☐ Bill my credit card for \$25.00. (See box at right)

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
ACCOUNT #	
<input type="text"/>	
EXPIRATION DATE	
<input type="text"/>	

Please check applicable "Dates of Service" and "Branch of Service":

DATES OF SERVICE	BRANCH OF SERVICE
<input type="checkbox"/> AUG. 2, 1990 – OPEN	<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 – JUL. 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"/> APR. 6, 1917 – NOV. 11, 1918	
<input type="checkbox"/> U.S. MERCHANT MARINE — DEC. 7, 1941 – DEC. 31, 1946	

NAME	<input type="text"/>
ADDRESS	<input type="text"/>
CITY, STATE, ZIP	<input type="text"/>
PHONE	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>
BIRTH DATE	<input type="text"/>
SIGNATURE	<input type="text"/>

Please tell us how/where you heard about The American Legion and if you have any questions:

JULY 2013 - NET