




# The American Legion

Chapin American Legion Post 193  
P.O. Box 897, Chapin, SC 29036-0897

January 12, 2020

Prospective Member If you would like to join Chapin American Legion Post 193 Inc. Fill out the application form below and either mail it with a check or money order for \$45.00 to American Legion Post 193. Post Office Box 897 Chapin, SC 29036, you can bring it to the Post during our Veteran Breakfast Monday mornings from 9:00 am -11:00 am or bring it to any of our Post meetings held at 7:00 pm on the second Thursday of each month.

The American Legion Membership Application			
_____ (Name)		_____ (Date of Birth)	
_____ (Mailing Address)		_____ (Phone Number)	
_____ (City)	_____ (State)	_____ (Zip)	_____ (Post #)
_____ (E-mail)	<input type="checkbox"/> Male (Gender)	<input type="checkbox"/> Female (Gender)	_____ (Dues)
<input type="checkbox"/> I certify that I served at least one day of active military duty since December 7, 1941 and was honorably discharged or am still serving honorably.			
<b>Please check appropriate service era and branch of service below</b>			
<input type="checkbox"/> Global War on Terror	<input type="checkbox"/> U.S. Army		
<input type="checkbox"/> Gulf War	<input type="checkbox"/> U.S. Navy		
<input type="checkbox"/> Panama	<input type="checkbox"/> U.S. Air Force		
<input type="checkbox"/> Lebanon/Grenada	<input type="checkbox"/> U.S. Marines		
<input type="checkbox"/> Vietnam	<input type="checkbox"/> U.S. Coast Guard		
<input type="checkbox"/> Korea	<input type="checkbox"/> Merchant Marines (WWII only)		
<input type="checkbox"/> WWII			
<input type="checkbox"/> Other Conflicts			
30-009 _____ Signature of applicant	_____ Date	_____ Name of recruiter	

Receipt of Dues <small>(Please Print)</small>	
From _____	Post # _____
\$ _____ for 20 _____	
Recruiter's Name _____	
Recruiter's Signature _____	
Recruiter's Phone # _____	