

American Legion Membership Application

Name

Phone

Mailing Address

Date

1151

City

State

Zip

Post Number

\$40.00

E-Mail

Dues

Please check appropriate eligibility dates and branch of service below:

- | | |
|--|--|
| <input type="checkbox"/> August 2, 1990 – Cessation of hostilities as determined by US Government. | |
| <input type="checkbox"/> December 20, 1989 – January 31, 1990 | <input type="checkbox"/> US Army |
| <input type="checkbox"/> August 24, 1982 – July 31, 1984 | <input type="checkbox"/> US Navy |
| <input type="checkbox"/> February 28, 1961 – May 7, 1975 | <input type="checkbox"/> US Air Force |
| <input type="checkbox"/> June 25, 1950 – January 31, 1955 | <input type="checkbox"/> US Marine Corps |
| <input type="checkbox"/> December 7, 1941 – December 31, 1946 | <input type="checkbox"/> US Coast Guard |
| <input type="checkbox"/> April 6, 1917 – November 11, 1918 | <input type="checkbox"/> US Merchant Marine (12/7/41 – 8/15/45 only) |

I certify 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

Receipt of Dues

From: _____

\$ _____ for 20 _____ Post # _____

Recruiter's Name Print): _____

Recruiter's Name (Sign): _____

Recruiter's Phone Number: _____