

The American Legion Membership Application

Fill out & Mail this Application to:
American Legion, Gilroy Post 217
74 W. 6th St. #D
Gilroy, CA 95020
Include \$45, Payable to: American Legion, Post 217

The American Legion Membership Application

_____ (Name)			_____ (Phone #)
_____ (Mailing Address)			_____ (Date)
_____ (City)	_____ (State)	_____ (Zip)	_____ (Post #)
_____ (Former Member ID#)	_____ (Email Address)	_____ (Dues)	

Please check the appropriate box regarding your eligibility dates & branch of service below;

- | | |
|---|---|
| <input type="checkbox"/> Aug. 2, 1990 – cessation of hostilities as determined by the 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 – 12/31/46
(Only these dates are eligible) |

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
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