



MEMBERSHIP APPLICATION

The American Legion Gilroy Post 217

Complete this application and mail to:

American Legion Gilroy Post 217

74 W. 6th St, #D

Gilroy, CA 95020

Include \$50, payable to: American Legion Gilroy Post 217

Name

____/____/____
Date

Mailing Address

City

State

Zip

Phone Number (cell preferred)

Email Address

Member Number (if previously in American Legion)

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"/> U.S. Space Force |
| | <input type="checkbox"/> Merchant Marines 12/07/41 – 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 still serving honorably.

Signature of Applicant

Name of Recruiter