

# The American Legion Membership Application

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Post #)

## Please check appropriate eligibility dates and branch of service below

- |  |   |
|--|---|
| <input type="checkbox"/> Aug 2, 1990 – cessation of hostilities as determined by U.S. Government |   |
| <input type="checkbox"/> Dec. 20, 1989 – Jan. 31, 1990   |   |
| <input type="checkbox"/> Aug. 24, 1982 – July 31, 1984   | <input type="checkbox"/> U.S. Army        |
| <input type="checkbox"/> Feb. 28, 1961 – May 7, 1975   | <input type="checkbox"/> U.S. Navy        |
| <input type="checkbox"/> June 25, 1950 – Jan. 31, 1955   | <input type="checkbox"/> U.S. Air Force   |
| <input type="checkbox"/> Dec. 7, 1941 – Dec. 31, 1946  | <input type="checkbox"/> U.S. Marines     |
| <input type="checkbox"/> April 6, 1917 – Nov 11, 1918  | <input type="checkbox"/> U.S. Coast Guard |
| <input type="checkbox"/> Merchant Marines 12/7/41 – 8/15/45 (only eligibility)                   |   |



\_\_\_\_\_  
(Dues)

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.

30-009

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Name of recruiter

## Receipt of Dues *(Please Print)*

From \_\_\_\_\_

\$ \_\_\_\_\_

for 20 \_\_\_\_\_

Post # \_\_\_\_\_

\_\_\_\_\_  
Recruiter's Name

\_\_\_\_\_  
Recruiter's Signature

\_\_\_\_\_  
Recruiter's Phone #