

The American Legion Membership Application

(Name) _____ (Phone) _____
(Mailing Address) _____ (Date) _____
(City) _____ (State) _____ (Zip) _____ (Post #) _____
(E-Mail) _____ (Dues) _____

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



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)



Receipt of Dues

(Please Print)

From _____ Post # _____
\$ _____ for 20 _____
Recruiter's Name _____
Recruiter's Signature _____
Recruiter's Phone # _____