



# The American Legion Membership Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Former Membership #: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Post #: \_\_\_\_\_ Dues: \$ \_\_\_\_\_ OR ACTIVE DUTY \_\_\_\_\_

Please check appropriate eligibility dates & branch of service below

- |   |   |
|---|---|
| <input type="checkbox"/> Global War on Terror | <input type="checkbox"/> US Army                      |
| <input type="checkbox"/> Gulf War             | <input type="checkbox"/> US Navy                      |
| <input type="checkbox"/> Panama               | <input type="checkbox"/> US Air Force                 |
| <input type="checkbox"/> Lebanon/Grenada      | <input type="checkbox"/> US Marines                   |
| <input type="checkbox"/> Vietnam              | <input type="checkbox"/> US Coast Guard               |
| <input type="checkbox"/> Korea                | <input type="checkbox"/> Merchant Marines (WWII only) |
| <input type="checkbox"/> WWII                 |   |
| <input type="checkbox"/> Other Conflicts      |   |

Gender: \_\_\_\_ Male \_\_\_\_ Female

I select to receive Post email notices and have the Post newsletter delivered electronically. \_\_\_\_\_ (initials)

I give my permission to have my name used in official post publications (i.e. newsletter) \_\_\_\_\_ (initials)

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 (American Legion)	_____ Date
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## Receipt of Dues

From: \_\_\_\_\_

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Post # \_\_\_\_\_

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

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

Recruiter's Phone # \_\_\_\_\_ Date: \_\_\_\_\_