



The American Legion Membership Renewal Application

Name: _____ Phone: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Membership #: _____

Email: _____

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

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)

Signature of Member

Date

Receipt of Dues

From: _____

\$ _____ for 20 _____ Post # _____

Date: _____