

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. Govt. | |
| <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) | |



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 _____

\$ _____ for 20 _____ Post # _____

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____

