

## 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 # \_\_\_\_\_

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