

The American Legion Membership Application

(Name)

(Date of Birth)

(Mailing Address)

(Phone Number)

(City)

(State)

(Zip)

(Post #)

(E-mail)

Male Female
(Gender)

(Dues)

Please check appropriate eligibility dates and branch of service below

- Aug 2, 1990 – cessation of hostilities as determined by U.S. Government
- Dec. 20, 1989 – Jan. 31, 1990 U.S. Army
- Aug. 24, 1982 – July 31, 1984 U.S. Navy
- Feb. 28, 1961 – May 7, 1975 U.S. Air Force
- June 25, 1950 – Jan. 31, 1955 U.S. Marines
- Dec 7, 1941 – Dec. 31, 1946 U.S. Coast Guard
- April 6, 1917 – Nov 11, 1918 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.

30-009 Signature of applicant

Date

Name of recruiter

Receipt of Dues

(Please Print)

From _____

\$ _____ for 20 ____ Post # _____

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____