

The American Legion Membership Application

(Name) _____
(Phone)

(Mailing Address) _____
(Date)

(City) (State) (Zip) _____
(Post #)

Please check appropriate eligibility dates and branch of service below (Dues)

- | | |
|--|---|
| <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"/> 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.

Signature of applicant _____
Name of recruiter

Receipt of Dues (Please Print)

From _____
\$ _____ For 20 _____ Post # _____
Recruiter's Name _____
Recruiter's Signature _____
Recruiter's Phone _____

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