

The American Legion Membership Application

(Name)	(Phone)
(Mailing Address)	(Date)
(City)	(State)
(Zip)	(Post #)
(Membership ID# former member)	(Email Address)
(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 28, 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 – 12/31/46 (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
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30-009 (2009)

Receipt of Dues

(Please Print)



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