

### The American Legion Membership Application

(Name)		(Phone)	
(Mailing Address)		(Date)	
(City)	(State)	(Zip)	(Post #)
(email)		(Dues)	

**Please check appropriate eligibility dates and branch of service below**

- |   |  |
|---|--|
| <input type="checkbox"/> August 2, 1990 – Cessation of hostilities as determined by U.S. Government | <input type="checkbox"/> U.S. Army                         |
| <input type="checkbox"/> Dec 20, 1989 – Jan 32, 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, 1918   | <input type="checkbox"/> Merchant Marine 12/7/41 – 8/15/45 |
| <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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**Receipt of Dues**

From \_\_\_\_\_ Post # \_\_\_\_\_

\$ \_\_\_\_\_ for 20 \_\_\_\_\_

Recruiter's Name \_\_\_\_\_

Recruiter's Signature \_\_\_\_\_

Recruiter's Phone \_\_\_\_\_