

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)
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Receipt of Dues

(Please Print)



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