

# The American Legion Membership Application

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Post #)

**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  
 Aug. 24, 1982-July 31, 1984  
 Dec. 22, 1961-May 7, 1975  
 June 25, 1950-Jan. 31, 1955  
 Dec. 7, 1941-Dec. 31, 1946  
 April 6, 1917-Nov. 11, 1918
- U.S. Army  
 U.S. Navy  
 U.S. Air Force  
 U.S. Marines  
 U.S. Coast Guard



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

13-009

## Receipt of Dues *(Please Print)*

From \_\_\_\_\_

\$ \_\_\_\_\_

for 19 \_\_\_\_\_

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

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

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

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