



THE AMERICAN LEGION - MEMBERSHIP APPLICATION



NAME _____
(first) (initial) (last) (phone)

ADDRESS _____
(street) (city) (state) (zip)

_____ (existing membership ID#) (email) (post #) (date)

Please check appropriate eligibility dates and branch of service below

WW1 (4/6/1917-11-11-1918) WW2 (12-07-1941 and continuing)
as determined by Congress

U.S. Army

U.S. Marines

U.S. Navy

U.S. Coast Guard

U.S. Air Force

U.S. Merchant Marines

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.

Signed By Applicant _____ Recruiter Name: _____

Mail completed application to your local American Legion Post.
Annual dues must accompany application.

DUES RECEIPT (Please Print)

Date

Received From

Dues: \$ _____ for 20 _____

Recruiter's Name

Recruiter's Signature

Recruiter's Phone#