



## American Legion Membership Application

Mail completed application and copy of your DD214 to:

Your Post Address Information Will Go Here

Any Street  
Anytown, IN 46120

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

My annual dues of \$35.00 are paid by: (select one)

Personal Check       Money Order

**Eligibility Dates:** (select one)

- August 2, 1990 - Open (Persian Gulf War)
- December 20, 1989 - January 31, 1990
- August 24, 1982 - July 31, 1984
- February 28, 1961 - May 7, 1975
- June 25, 1950 - January 31, 1955
- December 7, 1941 - December 31, 1946
- April 6, 1917 - November 11, 1918

**Branch of Service:** (select one)

- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marines
- U.S. Coast Guard
- U.S. Merchant Marines 12/7/41 - 8/15/45

I certify that I have served at least one day of active military duty during the date(s) selected above and was honorably discharged or still serving honorably.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_