



The American Legion Membership Application

Name: _____ Phone: _____

Mailing Address: _____

City: _____ St: _____ Zip: _____

Former Membership #: _____ Date of Birth ____/____/____

Email: _____

Post #: _____ Dues: \$ _____ OR ACTIVE DUTY _____

Please check appropriate eligibility dates & branch of service below

☐ Global War on Terror

☐ Gulf War

☐ Panama

☐ Lebanon/Grenada

☐ Vietnam

☐ Korea

☐ WWII

☐ Other Conflicts

☐ US Army

☐ US Navy

☐ US Air Force

☐ US Marines

☐ US Coast Guard

☐ Merchant Marines (WWII only)

Gender: ____ Male ____ Female

I select to receive Post email notices and have the Post newsletter delivered electronically. ____ (initials)

I give my permission to have my name used in official post publications (i.e. newsletter) ____ (initials)

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 (American Legion)

Date

Receipt of Dues

From: _____

\$ _____ for 20 _____ Post # _____

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____ Date: _____