


The American Legion Membership Application

_____ (Name) _____ (Date of Birth)
 _____ (Mailing Address) _____ (Phone Number)
 _____ (City) _____ (State) _____ (Zip) _____ (Post #) **942**
 _____ (E-mail) _____ (Gender) _____ (Dues)

I certify that I served at least one day of active military duty since December 7, 1941 and was honorably discharged or am still serving honorably.
Please check appropriate service era and branch of service below

<input type="checkbox"/> Global War on Terror	<input type="checkbox"/> U.S. Army
<input type="checkbox"/> Gulf War	<input type="checkbox"/> U.S. Navy
<input type="checkbox"/> Panama	<input type="checkbox"/> U.S. Air Force
<input type="checkbox"/> Lebanon/Grenada	<input type="checkbox"/> U.S. Marines
<input type="checkbox"/> Vietnam	<input type="checkbox"/> U.S. Coast Guard
<input type="checkbox"/> Korea	<input type="checkbox"/> Merchant Marines (WWII only)
<input type="checkbox"/> WWII	
<input type="checkbox"/> Other Conflicts	



30-009 Signature of applicant _____ Date _____ Name of recruiter _____

Receipt of Dues

(Please Print)

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