

The American Legion Membership Application

_____		_____	
(Name)		(Phone)	
_____		_____	
(Mailing Address)		(Date)M/D/Y	
_____	_____	_____	_____
(City)	(State)	(Zip)	(Post #)
_____		_____	
(email)		(Dues)	

Please check appropriate eligibility dates and branch of service below

- Legion Act 2019 –OPEN**
- Dec 20, 1989 – Jan 32, 1990
- Aug 24, 1982 – July 31, 1984
- Feb 28, 1961 – May 7, 1975
- June 25, 1950 – Jan 31, 1955
- Dec 7, 1941 – Dec 31, 1918
- April 6, 1917 – Nov 11, 1918
- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marines
- U.S. Coast Guard
- Merchant Marine 12/7/41 – 8/15/45

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

Receipt of Dues

From _____

\$ _____ for 20____ Post # _____

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone _____

