

The American Legion Membership Application

(Name)

(Phone)

(Mailing Address)

(Date)

(City)

(State)

(Zip)

(Post #)

(Membership ID# former member)

(Email Address)

(Dues)

Please check appropriate eligibility dates and branch of service below

- | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Aug 2, 1990 – Present | <input type="checkbox"/> U.S. Army |
| <input type="checkbox"/> Dec. 20, 1989 – Jan. 31, 1990 | <input type="checkbox"/> U.S. Navy |
| <input type="checkbox"/> Aug. 24, 1982 – July 31, 1984 | <input type="checkbox"/> U.S. Air Force |
| <input type="checkbox"/> Feb. 28, 1961 – May 7, 1975 | <input type="checkbox"/> U.S. Marines |
| <input type="checkbox"/> June 25, 1950 – Jan. 31, 1955 | <input type="checkbox"/> U.S. Coast Guard |
| <input type="checkbox"/> Dec. 7, 1941 – Dec. 31, 1946 | <input type="checkbox"/> Merchant Marines 12/7/41 – 12/31/46 (only eligibility) |
| <input type="checkbox"/> April 6, 1917 – Nov 11, 1918 | |



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

Craig A. Essick, Commander

Name of recruiter

30-009 (2011)

Receipt of Dues *(Please Print)*



From _____

\$ _____ for 20 _____ Post # _____

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____