

The American Legion Membership Application

(Name)	(Phone)
(Mailing Address)	(Date)
(City)	(State)
(email)	(Dues)

Please check appropriate eligibility dates and branch of service below

- | | |
|--|--|
| <input type="checkbox"/> August 2, 1990 –Cessation of hostilities as determined by U.S. Government | <input type="checkbox"/> U.S. Army |
| <input type="checkbox"/> Dec 20, 1989 – Jan 32, 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, 1918 | <input type="checkbox"/> Merchant Marine 12/7/41 – 8/15/45 |
| <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)	Name of Recruiter
--------------------------	-------------------

Receipt of Dues

From _____ Post # _____

\$ _____ for 20 _____

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone _____

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