



THE AMERICAN LEGION MEMBERSHIP APPLICATION

_____			_____
(NAME)			(DATE OF BIRTH)
_____			_____
(MAILING ADDRESS)			(PHONE NUMBER)
_____	_____	_____	_____
(CITY)	(STATE)	(ZIP)	(POST #)
_____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	_____	_____
(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 the 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/Granada | <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 | |

_____	_____	_____
(Signature of applicant)	(Date)	(Name of recruiter)