

The American Legion Membership Application

_____ (Name)			_____ (Date of Birth)	
_____ (Mailing Address)			_____ (Phone Number)	
			273	
_____ (City)	_____ (State)	_____ (Zip)	_____ (Post #)	
			\$55.00	
_____ (E-mail)			<input type="checkbox"/> Male <input type="checkbox"/> Female (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 | |



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