

The American Legion Membership Application

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

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. Space Force |
| <input type="checkbox"/> Korea | <input type="checkbox"/> U.S. Coast Guard |
| <input type="checkbox"/> WWII | <input type="checkbox"/> Merchant Marines (WWII only) |
| <input type="checkbox"/> Other Conflicts | |



_____	_____	_____
30-009 Signature of applicant	Date	Name of recruiter

Receipt of Dues

(Please Print)

From _____	Post # _____	
\$ _____	for 20 _____	
Recruiter's Name _____	Recruiter's Signature _____	
Recruiter's Phone # _____		