

The American Legion Membership Application

(Name) _____ (Phone) _____
 (Mailing Address) _____ (Date) _____
 (City) _____ (State) _____ (Zip) _____ Dues \$35

Please check appropriate eligibility dates and branch of service below.

<input type="checkbox"/> August 2, 1990 - Present*	<input type="checkbox"/> U.S. Army
<input type="checkbox"/> December 20, 1989 - January 31, 1990	<input type="checkbox"/> U.S. Navy
<input type="checkbox"/> August 24, 1982 - July 31, 1984	<input type="checkbox"/> U.S. Air Force
<input type="checkbox"/> February 28, 1961 - May 7, 1975	<input type="checkbox"/> U.S. Marines
<input type="checkbox"/> June 25, 1950 - January 31, 1955	<input type="checkbox"/> U.S. Coast Guard
<input type="checkbox"/> December 7, 1941 - December 31, 1946	
<input type="checkbox"/> April 6, 1917 - November 11, 1918	
<input type="checkbox"/> U.S. Merchant Marine - December 7, 1941 - August 15, 1945	

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 _____

* Cessation of hostilities will be determined by the U.S. Government, at which time a date will be added.

