

# The American Legion Membership Application

\_\_\_\_\_  
(Name) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

\_\_\_\_\_  
(Mailing Address) \_\_\_\_\_ (Phone Number) \_\_\_\_\_

\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) TX 593 (Post #) \_\_\_\_\_

\_\_\_\_\_  
(E-mail) \_\_\_\_\_  Male  Female \$42.00  
(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      |   |



30-009 \_\_\_\_\_ Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_ Name of recruiter

## Receipt of Dues *(Please Print)*

From \_\_\_\_\_

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Post # \_\_\_\_\_

Recruiter's Name \_\_\_\_\_

Recruiter's Signature \_\_\_\_\_

Recruiter's Phone # \_\_\_\_\_