

## The American Legion Membership Application

(Name)

(Phone)

(Mailing Address)

(Date)

(City)

(State)

(Zip)

(Post #)

**Please check appropriate eligibility dates and branch of service below**

- |  |   |
|--|---|
| <input type="checkbox"/> Aug 2, 1990 – cessation of hostilities as determined by U.S. Government |   |
| <input type="checkbox"/> Dec. 20, 1989 – Jan. 31, 1990   |   |
| <input type="checkbox"/> Aug. 24, 1982 – July 31, 1984   | <input type="checkbox"/> U.S. Army        |
| <input type="checkbox"/> Feb. 28, 1961 – May 7, 1975   | <input type="checkbox"/> U.S. Navy        |
| <input type="checkbox"/> June 25, 1950 – Jan. 31, 1955   | <input type="checkbox"/> U.S. Air Force   |
| <input type="checkbox"/> Dec. 7, 1941 – Dec. 31, 1946  | <input type="checkbox"/> U.S. Marines     |
| <input type="checkbox"/> April 6, 1917 – Nov 11, 1918  | <input type="checkbox"/> U.S. Coast Guard |
| <input type="checkbox"/> Merchant Marines 12/7/41 – 8/15/45 (only eligibility)                   |   |



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