



THE AMERICAN LEGION – MEMBERSHIP APPLICATION



Name _____
(First) (Initial) (Last) (Phone)

Address _____
(Street) (City) (State) (Zip)

(Membership ID# Former Member) (Email) (Post #) (Date)

Please check appropriate eligibility dates and branch of service below:

- | | |
|--|---|
| <input type="checkbox"/> WWI (4/6/17-11/11/18) | <input type="checkbox"/> U.S. Army |
| <input type="checkbox"/> WWII (12/7/41-12/31/46) | <input type="checkbox"/> U.S. Navy |
| <input type="checkbox"/> Korea (6/25/50-1/31/55) | <input type="checkbox"/> U.S. Air Force |
| <input type="checkbox"/> Vietnam (2/28/61-5/7/75) | <input type="checkbox"/> U.S. Marines |
| <input type="checkbox"/> Lebanon/Grenada (8/24/82-7/31/84) | <input type="checkbox"/> U.S. Coast Guard |
| <input type="checkbox"/> Panama (12/20/89-1/31/90) | <input type="checkbox"/> Merchant Marines (12/7/41-12/31/46 - Only Eligibility) |
| <input type="checkbox"/> Gulf War/War on Terrorism (8/2/90 until cessation of hostilities) | |

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.

Signed By Applicant _____ Name of Recruiter _____

Mail \$27.00 to:
American Legion Post 51
P.O. Box 570062
Las Vegas, NV 89157-0062

DUES RECEIPT
(Please Print)

Date

Received From

\$ _____ for 20____ Dues

Recruiter's Name

Recruiter's Signature

Recruiter's Phone #