

The American Legion Renewal Form



YES! I'm ready to renew my membership. In so doing,
I will be helping to support my fellow veterans,
troops, their families, youth and our community.

**Enclosed please find my \$45 (\$42 if you are 62 and retired)
dues payment for the 2019-2020 membership year.**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

E-MAIL ADDRESS _____

Please return completed application to:

North Albany Post 1610
American Legion
35 North First Street
Albany, NY 12204-0004