

# The American Legion Membership Application

**YES!** I'll help my fellow veterans by becoming a member of The American Legion. I certify that I served at least one day of active military duty during the dates marked below and was honorably discharged or am still serving honorably. If discharged please provide a copy of your DD-214 or separation papers. If active please show a copy of your current Military ID card and date that your current term is over.

**Please enclose payment:**

My \$35.00 check or money order is enclosed. (\$32 if you are 62 and retired)

**Please check applicable "Dates of Service" and "Branch of Service":**



DATES OF SERVICE	BRANCH OF SERVICE
<input type="checkbox"/> AUG. 2, 1990 – OPEN	<input type="checkbox"/> U.S. ARMY
<input type="checkbox"/> DEC. 20, 1989 – JAN. 31, 1990	<input type="checkbox"/> U.S. NAVY
<input type="checkbox"/> AUG. 24, 1982 – JUL. 31, 1984	<input type="checkbox"/> U.S. AIR FORCE
<input type="checkbox"/> FEB. 28, 1961 – MAY 7, 1975	<input type="checkbox"/> U.S. MARINES
<input type="checkbox"/> JUNE 25, 1950 – JAN. 31, 1955	<input type="checkbox"/> U.S. COAST GUARD
<input type="checkbox"/> DEC. 7, 1941 – DEC. 31, 1946	
<input type="checkbox"/> APR. 6, 1917 – NOV. 11, 1918	
<input type="checkbox"/> U.S. MERCHANT MARINE — DEC. 7, 1941 – DEC. 31, 1946	

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Please return completed application to:**

North Albany Post 1610  
American Legion  
PO Box 4004  
Albany, NY 12204-0004