



Please return completed application and \$25 dues to:

The American Legion
 Post 312
 P.O. Box 97
 Maple Park, IL. 60151-0097

Membership Application

YES! I'll help my fellow vets by becoming a member of the American Legion. I certify that I have served at least one day of active military duty during the dates marked below and was honorably discharged or am still serving honorably.

Please check method of payment: My \$25.00 check or money order is enclosed.

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

E-MAIL ADDRESS

BIRTH DATE

SIGNATURE

Comments or Questions



..... Cut on Dotted Line

American Legion Receipt of Dues

From \$ Year Post #

Recruiter's Name

Recruiter's Signature

Recruiter's Phone #

