

The American Legion Membership Application

(Name) _____
(Phone)

(Mailing Address) _____
(Date)

(City) (State) (Zip) _____
(Post #)

(Membership ID #... former member) _____
(Dues)

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"/> U.S. Army
<input type="checkbox"/> Dec. 20, 1989 – Jan. 31, 1990	<input type="checkbox"/> U.S. Navy
<input type="checkbox"/> Aug. 24, 1982 – July 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"/> Merchant Marines 12/7/41 – 8/15/45 (only eligibility)
<input type="checkbox"/> April 6, 1917 – Nov 11, 1918	



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

30-009

Receipt of Dues
(Please Print)

From _____ \$ _____ for 20 _____ Post # _____

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____

Please complete the form, bring it to the Post or mail along with a copy of your DD-214 and \$45.00 (our annual dues) to:

The American Legion Post #5
1423 Tanner Bridge Road
Jefferson City, MO 65101