



THE AMERICAN LEGION  
 MEXICO POST 0007  
 CHAPALA, JALISCO, MEXICO

Mail:  
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MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATES OF MILITARY SERVICE:

ELIGIBILITY: (CHECK DATES AND BRANCH LAST SERVED)

- |   |   |
|---|---|
| <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 15, 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"/> U.S. Space Force |
| <input type="checkbox"/> APRIL 6, 1917---NOV. 11, 1918  |   |

Any 24 hours of active duty after December 7, 1941 \_\_\_\_\_

Serial Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

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.

SIGNATURE: \_\_\_\_\_ DUTY OFFICER \_\_\_\_\_

[Annual Dues of Mexico Post # 0007 are \\$900 Pesos Please pay in cash](#)

I am interested in helping in one of these areas:

\_\_\_\_ Volunteering for veterans and family's assistance

\_\_\_\_ Community outreach programs

\_\_\_\_ Events

\_\_\_\_ Social Media \_\_\_\_ Membership \_\_\_\_ Donation/Sponsorship

Membership #

Dear Legion member:

In order for the post to serve you properly in time of need we ask you to please fill in the questions below to the best of your knowledge and return the completed form to any post officer. Any information concerning contacts in case of an emergency is vital so that we may be of help in a time of need. Please print or type clearly.

NAME: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DATE AND PLACE OF BIRTH: \_\_\_\_\_

V.A. CLAIM NUMBER: \_\_\_\_\_

G.I. INSURANCE FILE NUMBER: \_\_\_\_\_

DISCHARGE (or DD-214) RECORDED AT: CITY \_\_\_\_\_

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

WIFES FULL NAME: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

CHILDRENS NAMES (include information to contact)

EMERGENCY CONTACT (please include as much information as possible)