



Please return completed application to: The American Legion
Remittance Processing
P.O. Box 7017
Indianapolis, IN 46207

D22INT

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 since December 7, 1941 and was honorably discharged or am still serving honorably.

Please check method of payment:

My \$25.00 check or money order is enclosed.

Bill my credit card for \$25.00. *(see box below)*

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
Account #	<input type="text"/>
Expiration Date	<input type="text"/>

NAME:

ADDRESS:

CITY, STATE, ZIP:

E-MAIL ADDRESS:

BIRTH DATE:

SIGNATURE:

Please check the appropriate service era and branch of service below.

SERVICE ERA	BRANCH OF SERVICE
<input type="checkbox"/> Global War on Terror	<input type="checkbox"/> U.S. Army
<input type="checkbox"/> Gulf War	<input type="checkbox"/> U.S. Marines
<input type="checkbox"/> Panama	<input type="checkbox"/> U.S. Navy
<input type="checkbox"/> Lebanon/Grenada	<input type="checkbox"/> U.S. Coast Guard
<input type="checkbox"/> Vietnam	<input type="checkbox"/> U.S. Air Force
<input type="checkbox"/> Korea	<input type="checkbox"/> U.S. Space Force
<input type="checkbox"/> WWII	<input type="checkbox"/> Merchant Marines (WWII only)
<input type="checkbox"/> Other Conflicts	

Please tell us how/where you heard about The American Legion and if you have any questions: