



Please return completed application to: The American Legion  
IT/Data Services  
P.O. Box 7017  
Indianapolis, IN 46207

D17INT

## 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. Please send my current membership card and my free "Branch of Service" lapel pin.

**Please check method of payment:**

- My \$30.00 check or money order is enclosed.
- Bill my credit card for \$30.00. *(See box at right)*

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
ACCOUNT #	
<input type="text"/>	
EXPIRATION DATE	
<input type="text"/>	

**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	
<hr/>	
<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

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

JUNE 2016 - INT