



THE AMERICAN LEGION

G.I. JOE POST 244

Booster Membership Application

Full Name _____

Date of Birth _____

Home Address _____

Telephone Number _____

E-Mail _____

Eligibility Category. Circle one below. See booster rules for details.

[1] [2] [3]

By signing this application and, if approved, I understand my status as a booster member of G.I. Joe Post 244. I agree have received a copy and will abide by all membership rules and regulations of this post. I further understand that my membership status applies only to G.I. Joe Post 244 and may be revoked at the discretion of this post's executive board without refund of dues or recourse of any kind.

Applicant Signature _____ Date _____

• Sponsor 1 Full Name _____

Telephone Number _____

E-Mail _____

Signature _____

• Sponsor 2 Full Name _____

Telephone Number _____

E-Mail _____

Signature _____

Below completed by executive board only.

Approved [] Rejected [] Reason _____

Signature of Post Officer _____ Date _____

Post Officer Name _____ Title _____