

# American Legion Post 320 Westwood, MA 02090

## *Membership Information & Application*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City or Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please check your military branch & conflict era

Other Conflicts \_\_\_\_\_

World War II \_\_\_\_\_

US Merchant Marine (WWII only) \_\_\_\_\_

Korea \_\_\_\_\_

Vietnam \_\_\_\_\_

Lebanon / Grenada \_\_\_\_\_

Gulf War \_\_\_\_\_

Global War on Terror \_\_\_\_\_

Army \_\_\_\_\_ Navy \_\_\_\_\_ Air Force \_\_\_\_\_ Marines \_\_\_\_\_ Merchant Marines \_\_\_\_\_

Coast Guard \_\_\_\_\_

Please print this Application, fill it out and mail to above address, with your dues.

Annual dues are \$40.00, you also must submit a copy of your DD214 form to:

Westwood American Legion Post 320, Inc.

P.O. Box 252

Westwood, MA 02090.

By submitting this form, I Certify that I served at least one day of federal active military duty since December 7, 1941 and was honorably discharged or am still serving honorably.

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Signature of Applicant

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Date

