

The American Legion Membership Application

_____			_____
(Name)			(Phone)
_____			_____
(Mailing Address)			(Date)
_____			250
(City)	(State)	(Zip)	(Post #)
_____		_____	\$40.00
(Membership ID# former member)	(Email Address)	(Dues)	

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. (DD Form 214 Required)

_____/_____/_____
Signature of applicant Date of Birth

Approved By _____ Date ___/___/___

30-009 (2015)

