



**THE AMERICAN LEGION CRUISERS
OF OVIEDO MEMORIAL POST 243
DEPARTMENT OF FLORIDA, AMERICAN LEGION**

491 West Broadway Street
Oviedo, FL 32765

Membership Application



Membership Eligibility: Membership is open to all members in good standing of The American Legion, The Sons of The American Legion, or The American Legion Auxiliary. Members are required to be owners, or have authorization to drive, distinctive vehicles consistent with the Cruisers Chapter's objectives.

☐ American Legion	State	Post	Membership Number
	_____	_____	_____
☐ Sons of The American Legion	State	Squadron	Membership Number
	_____	_____	_____
☐ American Legion Auxiliary	State	Chapter	Membership Number
	_____	_____	_____

Name: _____
First Last

Address: _____
Street City State Zip

Email: _____

Phone: _____

Vehicle Information (if more than one, please provide information for additional vehicles on the back of this form.)

Type: (Car, Truck, Custom): _____

Year: _____ Make: _____ Model: _____

Features: _____

By applying for membership and payment of \$20 in dues, I hereby subscribe to the constitution, by-laws and standard operating procedures of the American Legion Cruisers of Oviedo Memorial Post 243; agree to operate vehicles safely, maintain registration/insurance of the vehicles I drive in Chapter events; and observe standards of conduct reflecting positively upon The American Legion.

Signed: _____ Date: _____
Applicant

Dues Received: _____ Certified by: _____ Date: _____

Bring application to post, Cruisers event, or mail to: American Legion Post 243, 491 West Broadway Street, Oviedo, FL 32765. \$20 Dues may be paid by check payable to "American Legion Post 243", or via Post 243 website **Donate** link: <https://oviedolegion.org/give> (Choose "Cruisers" via PayPal drop-down).