



THE AMERICAN LEGION – MEMBERSHIP APPLICATION



Name _____ (First) _____ (Initial) _____ (Last) _____ (Phone)

Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

_____ (Membership ID# Former Member) _____ (Email) _____ (Post #) _____ (Date)

Please check appropriate eligibility dates and branch of service below:

- | | |
|--|---|
| <input type="checkbox"/> WWI (4/6/17-11/11/18) | <input type="checkbox"/> U.S. Army |
| <input type="checkbox"/> WWII (12/7/41-12/31/46) | <input type="checkbox"/> U.S. Navy |
| <input type="checkbox"/> Korea (6/25/50-1/31/55) | <input type="checkbox"/> U.S. Air Force |
| <input type="checkbox"/> Vietnam (2/28/61-5/7/75) | <input type="checkbox"/> U.S. Marines |
| <input type="checkbox"/> Lebanon/Grenada (8/24/82-7/31/84) | <input type="checkbox"/> U.S. Coast Guard |
| <input type="checkbox"/> Panama (12/20/89-1/31/90) | <input type="checkbox"/> Merchant Marines (12/7/41-12/31/46 - Only Eligibility) |
| <input type="checkbox"/> Gulf War/War on Terrorism (8/2/90 until cessation of hostilities) | |

I certify that I served at least one day of active military duty during the dates marked above and was honorably discharged or am still serving honorably.

Signed By Applicant _____ Name of Recruiter _____

**Mail completed application to Fort Hill American Legion Post 376, PO BOX 217, OXFORD NY 13830-0217.
\$45 annual dues must accompany application.**

DUES RECEIPT (Please Print)

_____ Date

_____ Received From

\$ _____ for 20 _____ Dues

_____ Recruiter's Name

_____ Recruiter's Signature

_____ Recruiter's Phone #