

The American Legion Membership Application

Name: _____ Phone: _____

Mailing Address: _____ Date: _____

City: _____ State: _____ Zip Code: _____ Post# _____

Please Check Appropriate Eligibility Dates and Branch of Service Below: Dues: \$ _____

Aug 2 1990 – Jan 31 1990 – Cessation Hostilities as Determined by US Government

Dec 20 1989 – July 31 1984

US Army

Aug 24 1982 – July 31 1984

US Navy

Feb 28 1961 – May 7 1975

US Air Force

June 25 1950 – Jan 31 1955

US Marines

Dec 7 1941 – Dec 31 1946

US Coast Guard

April 6 1917 – Nov 11 1918

Merchant Marines 12-7-41 – 8-15-45 (only eligibility)



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

Signature of Applicant

Name of Recruiter

Receipt of Dues

Received From _____

Amount of: \$35.00 for 20 _____ Post # _____

Recruiters Name: _____

Recruiters Signature: _____

Recruiters Phone Number: _____

Please Mail To:
American Legion Post #35
1231 Hastings Street
Traverse City, Mi. 49686
Phone # (231)-922-2119