

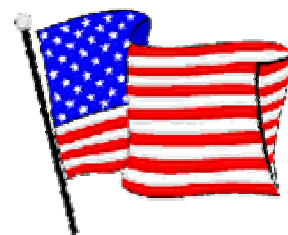


The American Legion Membership Application

_____			_____
(name)			(phone)
_____			_____
(mailing address)			(date)
_____			283
(city)	(state)	(zip)	(post number)

Please check appropriate eligibility dates and branch of service below.

- | | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Aug. 2, 1990 – cessation of hostilities as determined by U.S. Government | |
| <input type="checkbox"/> | Dec. 20, 1989 – Jan. 31, 1990 | |
| <input type="checkbox"/> | Aug. 24, 1982 – July 31, 1984 | <input type="checkbox"/> U.S. Army |
| <input type="checkbox"/> | Feb. 28, 1961 – May 7, 1975 | <input type="checkbox"/> U.S. Navy |
| <input type="checkbox"/> | June 25, 1950 – Jan. 31, 1955 | <input type="checkbox"/> U.S. Air Force |
| <input type="checkbox"/> | Dec. 7, 1941 – Dec. 31, 1946 | <input type="checkbox"/> U.S. Marines |
| <input type="checkbox"/> | Apr. 6, 1917 – Nov. 11, 1918 | <input type="checkbox"/> U.S. Coast Guard |
| <input type="checkbox"/> | Merchant Marines 12/7/41 – 8/15/41 (only eligibility) | |



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 service honorably.

Signature of applicant

Name of recruiter