

Please return completed application to:



**The American Legion
Department of Texas
ATTN: 345 Membership
P.O. Box 140527
Austin, TX. 78714**



AMERICAN LEGION MEMBERSHIP APPLICATION

YES! I'll help my fellow veterans by becoming a member of The American Legion. I certify that I served at least one day of active military duty during the dates marked below and was honorably discharged or I am still serving honorably. Please send my current membership card.

Name _____

Address _____

City, ST & Zip _____

Phone Number _____

Email address _____

My enclosed annual dues of \$50.00 are paid by:

Personal check _____ **Money Order** _____ **Bank Check** _____

Eligibility Dates: An individual is eligible for membership in The American Legion only if the individual – (1) has served in the Armed Forces of (A) the United States at any time during – (i) the period of April 6, 1917, through November 11, 1918; or (ii) any time after December 7, 1941; or (B) a government associated with the United States Government during a period or time referred to in subsection (A) of this section and was a citizen of the United States when the individual entered that service; and (2) was honorably discharged or separated from that service or continues to serve honorably during or after that period or time; provided, however, that such service shall have been terminated by honorable discharge or honorable separation, or continued honorably during or after any of said periods; provided, further, that no person shall be entitled to membership who, being in such service during any of said periods, refused on conscientious, political or other grounds to subject themselves to military discipline or unqualified service.

Branch of Service:

U.S. Army U.S. Navy

U.S. Marines U.S. Coast Guard U.S. Air Force

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

_____ I would like to be assigned to an American Legion Post nearest my home.

Signature of Applicant: _____ **Date** _____