

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 \$40.00 are paid by:

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

Eligibility Dates

- | | |
|---|---|
| <input type="checkbox"/> Aug 2, 1990 – Open | <input type="checkbox"/> Persian Gulf War |
| <input type="checkbox"/> Dec 20, 1989 – Jan 31, 1990 | <input type="checkbox"/> Panama |
| <input type="checkbox"/> Aug 24, 1982 – Jul 31, 1984 | <input type="checkbox"/> Grenada/Lebanon |
| <input type="checkbox"/> Feb 28, 1961 – May 7, 1975 | <input type="checkbox"/> Vietnam |
| <input type="checkbox"/> June 25, 1950 – Jan 31, 1955 | <input type="checkbox"/> Korea |
| <input type="checkbox"/> Dec 7, 1941 – Dec 31, 1946 | <input type="checkbox"/> WWII |

Branch of Service

- | |
|---|
| <input type="checkbox"/> U.S. Army |
| <input type="checkbox"/> U.S. Navy |
| <input type="checkbox"/> U.S. Air Force |
| <input type="checkbox"/> U.S. Marines |
| <input type="checkbox"/> U.S. Coast Guard |

_____ 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** _____