

The American Legion Membership Application



_____		_____
Name		Phone
_____		_____
Mailing Address		Date
_____	_____	_____
City	State	Zip Code
_____		_____
Email Address		Former Member ID #

Please check appropriate eligibility dates and branch of service below

<input type="checkbox"/> Aug. 2, 1990 - Present	<input type="checkbox"/> U.S. Army
<input type="checkbox"/> Dec. 20, 1989 - Jan. 31, 1990	<input type="checkbox"/> U.S. Navy
<input type="checkbox"/> Aug. 24, 1982 - July 31, 1984	<input type="checkbox"/> U.S. Air Force
<input type="checkbox"/> Feb. 28, 1961 - May 7, 1975	<input type="checkbox"/> U.S. Marines
<input type="checkbox"/> June 25, 1950 - Jan. 31, 1955	<input type="checkbox"/> U.S. Coast Guard
<input type="checkbox"/> Dec. 7, 1941 - Dec. 31, 1946	<input type="checkbox"/> Merchant Marines 12/7/41 - 12/31/46
<input type="checkbox"/> April 6, 1917 - Nov. 11, 1918	

Please check if you were or are in the Reserves or National Guard
 Please check if you are currently on active duty status

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.

Signature of applicant

If you are paying your dues by check make payable to: American Legion Post 620

Send completed application and dues payment to:

American Legion Post 620
5383 140th Street N
Hugo, MN 55038
Attention: Membership

Or you can drop your application and dues payment at the post. Place them in the black Membership mailbox located by the offices