



Please return completed application to: North Albany Post 1610
American Legion
PO Box 4004
Albany, NY 12204-0004

THE 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 am still serving honorably. If discharged please provide a copy of your DD-214 or seperation papers. If active please show a copy of your current Military ID card and date that your current term is over.

Please enclose payment:

My \$30.00 check or money order is enclosed.

Please check applicable "Dates of Service" and "Branch of Service":

DATES OF SERVICE	BRANCH OF SERVICE
<input type="checkbox"/> AUG. 2, 1990 – OPEN	<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 – JUL. 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"/> APR. 6, 1917 – NOV. 11, 1918	
<input type="checkbox"/> U.S. MERCHANT MARINE — DEC. 7, 1941 – DEC. 31, 1946	

NAME _____

ADDRESS _____

CITY, _____

STATE, _____ ZIP _____

PHONE _____

E-MAIL ADDRESS _____

BIRTHDATE _____

SIGNATURE _____