

## The American Legion Renewal Form



**YES!** I'm ready to renew my membership. In so doing,  
I will be helping to support my fellow veterans,  
troops, their families, youth and our community.

**Enclosed please find my \$35 (\$32 if you are 62 and retired)  
dues payment for the 2014-2015 membership year.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**Please return completed application to:**

North Albany Post 1610  
American Legion  
PO Box 4004  
Albany, NY 12204-0004