

## The American Legion Membership Application

\_\_\_\_\_  
(Name) (Date of Birth)

\_\_\_\_\_  
(Mailing Address) (Phone Number)

\_\_\_\_\_  
(City) (State) (Zip) (Post #) **MN Post 21**

\_\_\_\_\_  
(E-mail)  Male  Female **\$45.00**  
(Gender) (Dues)

I certify that I served at least one day of active military duty since December 7, 1941 and was honorably discharged or am still serving honorably.

**Please check appropriate service era and branch of service below**

- |   |   |
|---|---|
| <input type="checkbox"/> Global War on Terror | <input type="checkbox"/> U.S. Army                    |
| <input type="checkbox"/> Gulf War             | <input type="checkbox"/> U.S. Navy                    |
| <input type="checkbox"/> Panama               | <input type="checkbox"/> U.S. Air Force               |
| <input type="checkbox"/> Lebanon/Grenada      | <input type="checkbox"/> U.S. Marines                 |
| <input type="checkbox"/> Vietnam              | <input type="checkbox"/> U.S. Coast Guard             |
| <input type="checkbox"/> Korea                | <input type="checkbox"/> Merchant Marines (WWII only) |
| <input type="checkbox"/> WWII                 | <input type="checkbox"/> U.S. Space Force             |
| <input type="checkbox"/> Other Conflicts      |   |



\_\_\_\_\_  
30-009 Signature of applicant Date Name of recruiter

## Receipt of Dues

*(Please Print)*

From \_\_\_\_\_

\$ **\$45.00** for 20\_\_\_\_ Post # **MN Post 21**

Recruiter's Name \_\_\_\_\_

Recruiter's Signature \_\_\_\_\_

Recruiter's Phone # \_\_\_\_\_