

Please return completed application to:



The American Legion
IT / Data Services
P.O. Box 7017
Indianapolis, IN 46207



**AMERICAN LEGION
MEMBERSHIP APPLICATION**

D88NET

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. Please send my current membership card and my free "Branch of Service" lapel pin.

Please check method of payment:

- My \$25.00 check or money order is enclosed.
- Bill my credit card for \$25.00.
(See box at right)

| | |
|-----------------|------|
| Mastercard | VISA |
| ACCOUNT NUMBER | |
| EXPIRATION DATE | - |

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 Number _____

Birth Date _____ - _____

Signature _____

Please tell us how/where you heard about The American Legion:
