

Please return completed application to:



The American Legion  
 Attn: Membership  
 P.O. Box 7017  
 Indianapolis, IN 46207



**AMERICAN LEGION  
 MEMBERSHIP APPLICATION**

**D26NET**

**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 me my current membership card and my free "Branch of Service" label pin.

**Please check method of payment:**

- my \$20.00 check or money order enclosed
- Bill my credit card for \$20.00  
 (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	
U.S. MERCHANT MARINE — DEC. 7, 1941—AUG. 15, 1945	

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Birth Date \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_

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

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