

Please return completed application to:



**The American Legion Post 311
351 Fall River Ave.
Seekonk, MA 02771**

AMERICAN LEGION MEMBERSHIP APPLICATION

PLEASE ATTACH DD 214

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

My \$30.00 check or money order is enclosed

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—AUG. 15, 1945	

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Birth Date _____

SSN _____

Signature of applicant

Name of recruiter
