

Please return completed application to:



American Legion Post 137
5443 San Juan Avenue
Jacksonville, FL 32210



**AMERICAN LEGION
MEMBERSHIP APPLICATION**

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 check method of payment:

- My \$35.00 check or money order is enclosed.
- I am paying in person.

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—AUG. 15, 1945	

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Birth Date _____ - _____

Signature _____