

The American Legion Membership Application

Name _____ Date _____ Phone _____

Address _____
street city, state, zip Date of Birth _____

Email address _____

Dates of Service _____ to _____ Branch _____

I certify that I have served active military duty and was honorably discharged or am still serving honorably.

Applicant's Signature _____

Recruiter's Signature _____

Sons of the American Legion Membership Application

Name _____ Date _____ Phone _____

Address _____
street city, state, zip Date of Birth _____

Email address _____

I certify that I am the son or grandson of an American Legion Member or of a deceased veteran who has served active military duty and was honorably discharged or died in service.

Name of Veteran _____ Legion Post # or deceased _____

Dates of Service _____ to _____ Branch _____

Applicant's Signature _____

Recruiter's Name _____