



Membership Application

Print this application on your printer. Fill out all the information requested. Include your check of \$38.00 for dues, and mail to:

The American Legion Post 10
1215 Pacific Blvd.
Albany, OR 97321

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

Please check method of payment:

My \$38.00 check or money order is enclosed.

Bill my credit card for \$38.00 →

<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
ACCOUNT #:	<input type="text"/>
EXP. DATE:	<input type="text"/>

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"/> JUN 25, 1950 – JAN 31, 1955	<input type="checkbox"/> U.S. COAST GUARD
<input type="checkbox"/> DEC 7, 1941 – DEC 31, 1946	<input type="checkbox"/> MERCHANT MARINES
<input type="checkbox"/> APR 6, 1917 – NOV 11, 1918	DEC 7, 1941 – DEC 31, 1946

NAME

ADDRESS

CITY, ST, ZIP

PHONE

EMAIL

BIRTH DATE

SIGNATURE

DATE

Tell us how/where you heard about the American Legion, and if you have any questions.
