



Please return completed application to:
The American Legion
Department of New York
112 State St Suite 1300
Albany, NY 12207
Att: Cassi Harden

0001NY

THE AMERICAN LEGION DEPARTMENT OF NEW YORK 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.

My \$45.00 check or money order is enclosed.

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"/> US Army
<input type="checkbox"/> Dec 20, 1989 - Jan 31, 1990	<input type="checkbox"/> US Navy
<input type="checkbox"/> Aug 24, 1982 - Jul 31, 1984	<input type="checkbox"/> US Air Force
<input type="checkbox"/> Feb 28, 1961 - May 7, 1975	<input type="checkbox"/> US Marines
<input type="checkbox"/> June 25, 1950 - Jan 31, 1955	<input type="checkbox"/> US Coast Guard
<input type="checkbox"/> Dec 7, 1941 - Dec 31, 1946	
<input type="checkbox"/> Apr 6, 1917 - Nov 11, 1918	
<input type="checkbox"/> US Merchant Marine - Dec 7, 1941 - Dec 31, 1946	

Name

Address

City/State/Zip

Phone

Email

Birth Date

Signature

Please tell us how/where you heard about The American Legion and if you have any questions:

2018 - NY

