



Please return completed application to: **Parker Post 1864**  
PO Box 1322  
Parker, Colo. 80134

## THE 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 send my current membership card.

**Please check method of payment:**

- My \$37.00 check or money order is enclosed.  
 Bill my credit card for \$37.00. (See box at right)

\*NOTE: National Dues: \$29, Post dues \$8

<input type="checkbox"/> Master Card <input type="checkbox"/> Visa
ACCOUNT # <input type="text"/>
EXPIRATION 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"/> JUNE 25, 1950 – JAN. 31, 1955	<input type="checkbox"/> U.S. GOAST 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 – DEC. 31, 1946	

NAME

ADDRESS

CITY, STATE, ZIP

PHONE

E-MAIL ADDRESS

BIRTH DATE

SIGNATURE

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

**PRINT FORM**