

Please return completed application to:



The American Legion  
Department of Connecticut  
Attn: Post 200 Membership  
P.O. Box 208  
Rocky Hill, CT 06067-0208

The American Legion  
Department of Connecticut  
Membership Application

2010 INTERNET

First Name:

Middle Initial:

Last Name:

Mailing Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

My enclosed annual dues of \$35.00 are paid by:

Personal Check

Money Order

Bank Check

<u>Dates of Service</u>	<u>Branch of Service</u>
AUG 2, 1990—OPEN	U.S. ARMY
DEC. 20, 1989—JAN. 31, 1990	U.S. NAVY
AUG. 24, 1982—JUL. 31, 1984	U.S. AIR FORCE
FEB. 28, 1961—MAY 7, 1975	U.S. MARINES
JUNE 25, 1950—JAN. 31, 1955	U.S. COAST GUARD
DEC. 7, 1941—DEC. 31, 1946	
APR. 6, 1917—NOV. 11, 1918	
U.S. MERCHANT MARINE — DEC. 7, 1941—AUG. 15, 1945	

I certify that I have served at least one day of active military duty during the era marked above and was honorably discharged or am still serving honorably.

I would like to be assigned to an American Legion Post nearest my home.

OR I would like to join the following Post

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_