American  Legion

**Post 318 Membership Application**

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| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(first) (m.i.) (last)** | **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(street) (apt/unit)** |
| **Phone (landline):** | **City: State: Zip:** |
| **Phone (cell):** | **Email:** |
| **Spouse name:** | **Birth date:** |
| **Era Served:**  **\_\_ 8/2/90 – Present (Gulf War/War on Terrorism)**  **\_\_ 12/20/89 – 1/31/90 (Panama)**  **\_\_ 8/24/82 – 7/31/84 (Grenada/Lebanon)**  **\_\_ 2/28/61 – 5/7/75 (Viet Nam)**  **\_\_ 6/25/50 – 1/31/55 (Korea)**  **\_\_ 12/7/41 – 12/31/46 (WW II)**  **\_\_ 4/6/17 – 11/11/18 (WW I)**  **\_\_ Merchant Marines Dec 7, 1941 – Aug 15, 1945** | **Branch of Service:**  **\_\_ U.S. Army**  **\_\_ U.S. Navy**  **\_\_ U.S. Air Force**  **\_\_ U.S. Marines**  **\_\_ U.S. Coast Guard** |
| **I certify that I served at least one day of federal active military duty during the dates marked above and was honorably discharged or am still serving honorably.**  **Signature of applicant** | **Name of recruiter** |
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| **NOTE: Please email or forward a copy of your DD214 and membership fees of $40 to: American Legion Post 318**  **Attn: Membership Chair**  **P.O. Box 54390**  **Cincinnati, OH 45254-0390**  **This is required in order to process your application.** |  |