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.** |  |