



MEMBERSHIP APPLICATION

First Name: _____ M.I. ___ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Annual Dues are \$40.00, please check the appropriate payment method below:

Check Cash Credit Card (*enter information below*)

Name on Credit Card: _____ Type of Card: _____

Card Number: _____ Exp: _____ Code: _____

I certify that I served at least one day of active military duty since December 7, 1941 and was honorably discharged or am still serving honorably.

Please check appropriate service era and branch of service below:

- | | |
|----------------------|------------------------------|
| Global War on Terror | U.S. Army |
| Gulf War | U.S. Navy |
| Panama | U.S. Air Force |
| Lebanon/Grenada | U.S. Marines |
| Vietnam | U.S. Coast Guard |
| Korea | Merchant Marines (WWII only) |
| WWII | |
| Other Conflicts | |

Signature of Applicant: _____ Date: _____

Mail Completed Application to:
The American Legion, Department of Wisconsin
Attn: Post 2930 Membership
P.O. Box 388
Portage, WI 53901