

Print application, fill out, sign and,
Mail with \$35.00 Dues, and
A copy of your DD-214 to:

American Legion Post 8
P.O. Box 513
Guntersville, Alabama 35976
256-582-8323



The American Legion Membership Application

(Name)

(Phone)

(Mailing Address)

(Email Address)

(City) (State) (Zip)

Date)

(Post #8)

Please check appropriate eligibility dates and branch of service below

____ Aug 2, 1990 - cessation of hostilities as determined by U.S. Government

____ Dec. 20, 1989 - Jan. 31, 1990

____ Aug. 24, 1982 - July 31, 1984

____ Feb. 28, 1961- May 7, 1975

____ June 25, 1950 - Jan. 31, 1955

____ Dec. 7, 1941 - Dec. 31, 1946

____ April 6, 1917 - Nov. 11, 1918

____ U.S. Army

____ U.S. Navy

____ U.S. Air Force

____ U.S. Marines

____ U.S. Coast Guard

____ Merchant Marines 12/7/41 - 8/15/45 (only eligibility)

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

Signature of applicant _____

Name of recruiter _____

If you are transferring from another post please indicate the post number and state here

_____, _____
Post # State

Membership Number _____

Last Year Paid _____ (If you are paid for the current year, please do not submit payment with this application, but we will need a copy of your current membership card)