

WI Membership Application - Mail completed application to:

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

Please print and complete the appropriate entries:

First Name: _____ Middle Initial: ____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

My annual dues of \$35.00 are paid by:

Personal Check Money Order Cashiers Check

Visa Mastercard Expiration Date: _____

Card Number: _____

Charge Amount: \$35.00

Eligibility Dates:

- | | |
|--|--|
| <input type="checkbox"/> August 2, 1990 - Open Persian Gulf War | Branch Of Service: |
| <input type="checkbox"/> Dec. 20, 1989 - Jan. 31, 1990 Panama | <input type="checkbox"/> U.S.Army |
| <input type="checkbox"/> Aug. 24, 1982 - Jul. 31, 1984 Grenada/Lebanon | <input type="checkbox"/> U.S.Navy |
| <input type="checkbox"/> Feb. 28, 1961 - May 7, 1975 Vietnam War | <input type="checkbox"/> U.S.Air Force |
| <input type="checkbox"/> June 25, 1950 - Jan. 31, 1955 Korean War | <input type="checkbox"/> U.S.Marines |
| <input type="checkbox"/> Dec. 7, 1941 - Dec. 31, 1946 World War II | <input type="checkbox"/> U.S.Coast Guard |
| <input type="checkbox"/> Apr. 6, 1917 - Nov. 11, 1918 World War I | |

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

Signature of Applicant _____ Date: _____