PLEASE PRINT AND MAIL THIS FORM

The American Legion Membership Application			
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(Name)			(Phone)
(Mailing Address)			(Date)
(City)	(State)	(Zip)	
			<u>176</u>
(Email address)			(Post)
			\$40.00/yr
Please check appropr	iate elibigibility date	es and branch of ser	
Aug. 2, 1990 - Cessation of hostilities as determined by U.S Government			
🗆 Dec. 20, 1989 - Ja	,		and a state of the
🗌 Aug. 24, 1982 - Ju		U.S. Army	ALE PIC
□ Dec. 22, 1961 - M		U.S. Navy	
	June 25, 1950 - Jan. 31, 1955 U.S. Air Force		
	Dec. 7, 1941 - Dec. 31, 1946		EGIOT ST
□ April 6, 1917 - No	v. 11, 1918	🛛 U.S. Coast Gi	uard
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)	
Listed below are just a few of the many programs the American Legion sponsors. Please check the ones that are of interest to you. If the program you like is not listed, please indicate it in the "other" area.			
	Select the app	ropriate program(s) l	below.
 Volunteer work at VA Hospital. Work with youth. Help/participate in Post's social activities (dances, dinners, etc.) Participate in educational activities (essay contests, oratorical contests, scholarships) Work with sports teams. Supervise groups (drill team, drum & bugle, scouts, etc.) Post improvement projects. Membership drives. Community projects. Other: Wife would be interested in Auxiliary. Son would be interested in the Sons of American Legion. 			
Mail Application with \$40 check to: American Legion Post 176, 14011 N.E.20th Ave., Vancouver, WA 98685			