

Please return completed application to:



Yeager-Benson Memorial  
American Legion Post 199  
P.O. Box 603  
Harrison, OH 45030

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The American Legion  
Membership Application

First Name:

Middle Initial:

Last Name:

Mailing Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

My enclosed annual dues of \$30.00 are paid by:

Personal Check

Money Order

Bank Check

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<u>Dates of Service</u>	<u>Branch of Service</u>
AUG 2, 1990—OPEN	U.S. ARMY
DEC. 20, 1989—JAN. 31, 1990	U.S. NAVY
AUG. 24, 1982—JUL. 31, 1984	U.S. AIR FORCE
FEB. 28, 1961—MAY 7, 1975	U.S. MARINES
JUNE 25, 1950—JAN. 31, 1955	U.S. COAST GUARD
DEC. 7, 1941—DEC. 31, 1946	
APR. 6, 1917—NOV. 11, 1918	
U.S. MERCHANT MARINE — DEC. 7, 1941—AUG. 15, 1945	

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

Name of Recruiter:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_