

Recruiter: _____

The American Legion Membership Application – Earl Graham Post 159, Bryan, TX



 First Name MI Last Name Join Date (mm/dd/yy)

 Mailing Address Apt. DOB (mm/dd/yy) Gender (M/F)

 City State Zip eMail Address

 Home Phone Cell Phone

Please Check Appropriate Eligibility Dates AND Branch of Service

<input type="checkbox"/> August 2, 1990 to today (Gulf War/War On Terrorism)	<input type="checkbox"/> U.S. Army	<input type="checkbox"/> Cash/Check #: _____ \$ _____
<input type="checkbox"/> December 20, 1989 to January 31, 1990 (Panama)	<input type="checkbox"/> U.S. Navy	<input type="checkbox"/> Card ID: _____
<input type="checkbox"/> August 24, 1982 to July 31, 1984 (Lebanon/Grenada)	<input type="checkbox"/> U.S. Air Force	<input type="checkbox"/> Member Approved: _____
<input type="checkbox"/> February 28, 1961 to May 7, 1975 (Vietnam War)	<input type="checkbox"/> U.S. Marines	<input type="checkbox"/> Proof of Service Rcvd: _____
<input type="checkbox"/> June 25, 1950 to January 31, 1955 (Korean War)	<input type="checkbox"/> U.S. Coast Guard	
<input type="checkbox"/> December 7, 1941 to December 31, 1946 (World War II)	<input type="checkbox"/> Merchant Marines <small>(12/7/41 – 12/31/46)</small>	

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. **NOTICE TO APPLICANT: Your application is subject to approval by the General Membership of Post 159 AND proof of service; copy of DD-214 or copy of orders. FAILURE to provide proof of service to the Post Adjutant, within 6 months of join date, WILL result in forfeiture of your dues and suspension of Legion Membership.**

 Signature of Applicant