



The American Legion Membership Application



First Name:	MI:	Last Name:	Suffix:
Mailing Address:			Date:
City:	State:	Zip:	Phone:
ID# (if former member)	Email Address:		Dues: \$ 40.00 per year
Branch of Service: <input type="checkbox"/> US Army <input type="checkbox"/> US Navy <input type="checkbox"/> US Air Force <input type="checkbox"/> US Marines <input type="checkbox"/> US Coast Guard			
Years of Service:	From:	To:	
<p><i>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.</i></p> <hr style="width: 80%; margin-left: auto; margin-right: auto;"/> <p>(Signature of applicant)</p> <hr style="width: 80%; margin-left: auto; margin-right: auto;"/> <p>(Signature of Recruiter)</p>			

This Application is for use of Norvil Stafford Post 125 of the American Legion. Our post is located at 3335 West Sunshine Street, Springfield, Missouri 65807. Phone is 417-942-6159.