

Please return completed application to:



The American Legion
Department of Connecticut
Attn: Post 200 Membership
P.O. Box 208
Rocky Hill, CT 06067-0208

**The American Legion
Department of Connecticut
Membership Application**

2009 INTERNET

First Name: _____ Middle Initial: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

My enclosed annual dues of \$35.00 are paid by:

Personal Check Money Order Bank Check

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

I would like to be assigned to an American Legion Post nearest my home.

Signature of Applicant: _____ Date: _____