

Please return this completed application to: ↗

Questions? ↗



American Legion Post 176
c/o Kenneth Rancourt
22 Cross Hill Road
Monroe, CT 06468

Jan Larsen (203) 268-9594
uptwolate@earthlink.net or
Vic Yanosy (203) 261-6978
cvyanosy@charter.net

The American Legion
Sippin-Winspur Post 176
Monroe, CT 06468

This form is modified from
the Dept. of CT 2010
Internet application.

Membership Application

First Name: _____ Middle Name/Initial: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Department of CT dues are \$35 per year. You save \$5 by joining a local post.

Make check out to: American Legion Post 176.

Current members of the armed forces are offered their first year's Post 176 dues for free.

The enclosed annual dues of \$30.00 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 join (re-join) The Sippin-Winspur American Legion Post 176 in Monroe, CT.

I would like to switch my membership from Post 200 to Post 176 in Monroe, CT.

I already paid my Post 200 dues this year and have enclosed a copy of my membership card.

I have enclosed a copy of my DD-214 Discharge Form. (For brand-new member applicants.)

Signature of Applicant: _____ Date: _____