



Please return completed application to: The American Legion
Rayson-Miller Post 899
21 N. Main St.
Pittsford, NY 14534

For your convenience, this form is computer fillable, other than signature

D19INT

THE AMERICAN LEGION MEMBERSHIP APPLICATION

YES! I'll help my fellow veterans by becoming a member of The American Legion. I certify that I served at least one day of active military duty during the dates marked below and was honorably discharged or am still serving honorably. Please send my current membership card and my free "Branch of Service" lapel pin.

- My \$50.00 check or money order is enclosed.
- Copy of my DD-214 enclosed

Please mail this application with your membership check and copy of your DD-214 to the Rayson-Miller Post 899 address above.

Or better yet, bring everything to your first membership meeting which is the fourth Wednesday of every month. (Except July and December)

Please check applicable "Dates of Service" and "Branch of Service":

DATES OF SERVICE	BRANCH OF SERVICE
<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 – DEC. 31, 1946	

NAME

ADDRESS

CITY, STATE, ZIP

PHONE

E-MAIL ADDRESS

BIRTH DATE

SIGNATURE

Please tell us how/where you heard about The American Legion and if you have any questions:

JUNE 2018 - NET