

The American Legion Membership Application			
(Name)		(Phone)	
(Mailing Address)			(Date)
(City)		(State)	(Zip)
(Membership ID# former member)		(Email Address)	
			Post 62
			\$35.00
			(Dues)
Please check appropriate eligibility dates and branch of service below			
<input type="checkbox"/> Aug 2, 1990 – cessation of hostilities as determined by U.S. Government	<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 – July 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"/> Merchant Marines 12/7/41 – 8/15/45 (only eligibility)		
<input type="checkbox"/> April 6, 1917 – Nov 11, 1918			
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.			
Signature of applicant		Name of recruiter	

30-009 (2007)

Receipt of Dues

(Please Print)

From \_\_\_\_\_ for 20 \_\_\_\_\_ Post # \_\_\_\_\_

\$ \_\_\_\_\_

Recruiter's Name \_\_\_\_\_

Recruiter's Signature \_\_\_\_\_

Recruiter's Phone # \_\_\_\_\_

Print out this Application. Fill out Membership Form above.  
 Please fill out clearly and sign.  
 Mail with check or bring to American Legion Post 62.

Please make check out to:  
 American Legion Post 62  
 \$35.00 Membership Dues.



Mailing Address:  
 American Legion Post 62  
 9847 W. Desert Cove Ave.  
 Peoria, AZ 85345

Please write any additional Instructions or Comments below.