

Please return completed application to:



# AMERICAN LEGION POST 177

POST OFFICE BOX 53  
CANFIELD, OH 44406

## MEMBERSHIP APPLICATION FORM

First Name:  Middle Name:

Last Name:

Mailing Address:

City:  State:  Zip:

Home Phone:  Cell Phone:

Email Address:

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

CHECK

CASH

<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.

OR I would like to join the following Post

**POST 177, CANFIELD, OH**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_