



Please return the completed application to:

**The American Legion Post 75**  
**898 James Lee Blvd, East**  
**Crestview, FL 32536**

**AMERICAN LEGION POST 75**  
**MEMBERSHIP APPLICATION**

**YES!** I will help my fellow veterans by becoming a member of the American Legion Post 75. I certify that I served at least one day of active military service during the dates marked below and was honorably discharged or am still serving honorably.

Please check method of payment:

- My \$30.00 check or money order is enclosed.
- Bill my credit card for \$30.00.  
(See box at right)

Mastercard	Visa
Account Number	
Expiration Date	

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"/> Jun 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	

Please complete
Name:
Address:
City, State, Zip:
Phone Number:
Birth Date:
Email Address:
Signature

Please tell us how/where you heard about The American Legion:

---



---



---



---