

American Legion
Magellan Post 604
P.O. Box 292091
Sacramento, CA
95829

Ph: (916) 412-6965

E-Mail:
dr_macd@hotmail.com

Website:
www.Post604.com

The American Legion Membership Application

(Name) _____ (Phone) _____

(Mailing Address) _____ (Date) _____

(City) _____ (State) _____ (Zip) _____ (Post #) _____

(Membership ID# former member) _____ (Email Address) _____ (Dues) _____

Please check appropriate eligibility dates and branch of service below

- Aug 2, 1990 – cessation of hostilities as determined by U.S. Government
 - Dec. 20, 1989 – Jan. 31, 1990
 - Aug. 24, 1982 – July 31, 1984
 - Feb. 28, 1961 – May 7, 1975
 - June 25, 1950 – Jan. 31, 1955
 - Dec. 7, 1941 – Dec. 31, 1946
 - April 6, 1917 – Nov 11, 1918
 - U.S. Army
 - U.S. Navy
 - U.S. Air Force
 - U.S. Marines
 - U.S. Coast Guard
 - Merchant Marines 12/7/41 – 12/31/46 (only eligibility)
- Date of Birth:** _____



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 (2008)

Receipt of Dues (Please Print)

From _____ \$ _____ for 20 _____ Post # _____

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____

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