

Please return completed application to:



**The American Legion
Charles A. Conklin Post #28
700 Harbor Avenue
P.O. Box 439
Grand Haven MI 49417**

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 since December 7, 1941 and was honorably discharged or am still serving honorably.

American Legion Charles Conklin Post #28 Annual Membership Dues are \$50.00 per year.

Please check method of payment:

my check or money order enclosed

Please enter your applicable active duty (not reserve) "Dates of Service":

From: _____ to _____

"Branch of Service" fill in member information **and a copy of proof of service (DD-214)**

Branch of Service	
<input type="checkbox"/>	U.S. ARMY
<input type="checkbox"/>	U.S. NAVY
<input type="checkbox"/>	U.S. AIR FORCE
<input type="checkbox"/>	U.S. MARINES
<input type="checkbox"/>	U.S. COAST GUARD
<input type="checkbox"/>	US MERCHANT MARINE—DEC.7, 1941—AUG. 15,1945

Member information:

Name _____

Address _____

City,State, Zip _____

Phone Number _____

Birth Date --- --- _____

E-mail _____

Signature _____

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