



THE AMERICAN LEGION

DEPARTMENT OF FLORIDA

Membership Application

POST NUMBER: _____

NAME: _____
FIRST MI LAST

ADDRESS: _____

CITY STATE ZIP

EMAIL: _____

PHONE: _____
HOME CELL WORK

DATE OF BIRTH: _____ **GENDER:** _____

EMERGENCY CONTACT: _____
NAME

RELATIONSHIP: _____ **PHONE:** _____

CHECK CONFLICT BELOW:	
<input type="checkbox"/> Global War on Terror	<input type="checkbox"/> Vietnam
<input type="checkbox"/> Gulf War	<input type="checkbox"/> Korea
<input type="checkbox"/> Panama	<input type="checkbox"/> WWII
<input type="checkbox"/> Lebanon / Grenada	<input type="checkbox"/> Other

CHECK BRANCH OF SERVICE BELOW:	
<input type="checkbox"/> U.S. Army	<input type="checkbox"/> U.S. Coast Guard
<input type="checkbox"/> U.S. Navy	<input type="checkbox"/> U.S. Space Force
<input type="checkbox"/> U.S. Air Force	<input type="checkbox"/> U.S. Merchant Marines (WWII Only)
<input type="checkbox"/> U.S. Marine Corps	

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.

SIGNATURE: _____ **DATE:** _____

RECRUITER NAME: _____ **VERIFIED BY:** _____