## The American Legion Membership Application



Name:		
Mailing Address:		
City:	State:	Zip:
Phone:		
Email:		
Date of Birth:		
Branch of Service: Se		e Era: Global War on Terrorism
U.S. Army U.S. Navy U.S. Air Force U.S. Marines U.S. Space Force U.S. Coast Guard Merchant Marines (WWII o	east one day of acti	<ul> <li>Gulf War</li> <li>Panama</li> <li>Lebanon/Grenada</li> <li>Vietnam</li> <li>Korea</li> <li>World War II</li> <li>Other Conflicts</li> </ul> ve military duty since Dec. 7, 1941,
The annual membership dues for MN payable to The American Legion, Dep		5.00. Checks should be made
Please send your payment and applica	tion to:	
The American Legion, Dept of MN 20 W. 12 <sup>th</sup> St, Room 300A Saint Paul, MN 55155		