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:	
☐ Global War on Terror	☐ Vietnam
☐ Gulf War	☐ Korea
☐ Panama	☐ WWII
☐ Lebanon / Grenada	☐ Other

CHECK BRANCH OF SERVICE BELOW:	
☐ U.S. Army	☐ U.S. Coast Guard
☐ U.S. Navy	☐ U.S. Space Force
☐ U.S. Air Force	☐ U.S. Merchant Marines (WWII Only)
☐ 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:** _____