



AMERICAN LEGION MEMBERSHIP APPLICATION
P.O. BOX 14939 SAN FRANCISCO CA 94114-0939
TELEPHONE: (415) 431-1413

| | | | | |
|---|--|---------------------|---------------|-----------------------------|
| American Legion Post 448 | | Dues | | Annual dues: \$30.00 |
| Sons of the American Legion | | | | Annual dues: \$20.00 |
| Alexander Hamilton Association | | | | Annual dues: \$20.00 |
| First Name: | | Middle Name: | | Last Name: |
| Address: | | | | |
| City: | | | State: | Zip Code: |
| Phone: | | Fax: | | Email: |
| Qualifying Eras of Conflict (Please check one – First era only) | | | | |
| <input type="checkbox"/> WWI - 6 April 1917 – 11 November 1918 <input type="checkbox"/> WWII - 7 December 1941 to 31 December 1946 <input type="checkbox"/> WWII (Merchant Marines) - 7 December 1941 to 16 August 1945 <input type="checkbox"/> Korea - 25 JUNE 1950 to 31 January 1955 <input type="checkbox"/> Vietnam - 28 February 1961 to 7 May 1975 <input type="checkbox"/> Grenada-Lebanon - 24 August 1982 to 31 July 1984 <input type="checkbox"/> Panama - 20 December 1989 to 31 January 1990 <input type="checkbox"/> Persian Gulf, Iraq, Afghanistan - 2 August 1990 to TBD | | | | |
| Note: 1st year dues are waived for women, and Afghanistan and Iraq Veterans. | | | | |
| Branch of Service (Check One) | | | | |
| <input type="checkbox"/> US Air Force <input type="checkbox"/> US Army <input type="checkbox"/> US Navy <input type="checkbox"/> US Marine Corps <input type="checkbox"/> US Coast Guard <input type="checkbox"/> US Merchant Marines | | | | |
| SAL Applicants, please indicate your relationship to Veteran: _____ | | | | |
| Check One: | | | | |
| <input type="checkbox"/> I certify that I served at least one day of active duty during the dates marked and was Honorably Discharged or am still serving Honorably. <input type="checkbox"/> I certify that I am the Son or Daughter or other relative of a Veteran as certified above. <input type="checkbox"/> I am applying for membership in the Alexander Hamilton Association. | | | | |
| X _____ | | Signature | | Date: _____ |
| Recruiter: | | | | |
| FOR OFFICE USE ONLY: | | | | |

Please attach your check made payable to: American Legion Post 448, and mail to address shown above.