

American Legion Post 171

Membership Application

Damascus, Maryland

Applicant Information

Full Name: _____

Date of Birth _____

Phone: _____

Email: _____

Address: _____

City / State / ZIP: _____

Military Service:

Branch of Service: _____

Dates of Service: _____

Honorable Discharge: Yes No

War Era (check one):

WWII Korea Vietnam Gulf War Other

Membership Type (check one):

New Membership

Transfer from another Post

Renewal

Required Documents

Please include:

- Copy of DD214 (SSN blacked out)
- Payment of annual dues (\$40)

Applicant Signature:

Date: _____

Post Use Only

Reviewed by:

Approved by:

Date: _____

