

Please return completed application to:



The American Legion  
Charles A. Conklin Post #28  
700 Harbor Avenue  
P.O. Box 439  
Grand Haven MI 49417

## AMERICAN LEGION MEMBERSHIP APPLICATION

**YES!** I'll help my fellow veterans by becoming a member of The American Legion. I certify that I served at least one day of active military duty during the dates marked below and was honorably discharged or am still serving honorably.

**American Legion Charles Conklin Post #28 Annual Membership Dues are \$50.00 per year.**

**Please check method of payment:**

my check or money order enclosed

Please check applicable "Dates of Service" and  
"Branch of Service" fill in member information **and a copy of proof of service (DD-214)**

Dates of Service	Branch of Service
<input type="checkbox"/> AUG 2, 1990— OPEN	<input type="checkbox"/> U.S. ARMY
<input type="checkbox"/> DEC.20, 1989— JAN.31,1990	<input type="checkbox"/> U.S. NAVY
<input type="checkbox"/> AUG. 24, 1982—JUL. 31,1984	<input type="checkbox"/> U.S. AIR FORCE
<input type="checkbox"/> FEB. 28, 1961— MAY 7, 1975	<input type="checkbox"/> U.S. MARINES
<input type="checkbox"/> JUNE 25, 1950—JAN. 31, 1955	<input type="checkbox"/> U.S. COAST GUARD
<input type="checkbox"/> DEC. 7, 1941— DEC. 31, 1946	
<input type="checkbox"/> APR. 6, 1917— NOV. 11, 1918	
<input type="checkbox"/> US MERCHANT MARINE—DEC.7, 1941—AUG. 15,1945	

**Member information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City,State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Birth Date \_\_\_\_\_ -- --

E-mail \_\_\_\_\_

Signature \_\_\_\_\_

Please tell us how/where you heard about The American Legion \_\_\_\_\_

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