

# POST 237 MEMBERSHIP APPLICATION

## Mail Completed Application To:

American Legion Post 237  
ATTN: Adjutant  
PO Box 1176  
Huntsville, AL 35807

### Please print and complete all requested information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (    ) \_\_\_\_\_ Cell Phone #: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

#### Eligibility Dates (Please Check):

\_\_\_\_\_ Dec. 7, 1941-Present

#### Branch of Service (Please Check):

\_\_\_\_\_ U.S. Army

\_\_\_\_\_ U.S. Navy

\_\_\_\_\_ U.S. Air Force

\_\_\_\_\_ U.S. Marines

\_\_\_\_\_ U. S. Coast Guard

\_\_\_\_\_ U.S. Space Force

\_\_\_\_\_ (Please Check) I certify that I have served at least one day of active military duty during the dates marked above and was honorably discharged or still serving honorably.

My membership dues of \$55.00 are paid by (Please check):

\_\_\_\_\_ Personal Check

\_\_\_\_\_ Money Order

\_\_\_\_\_ Cashier's Check

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_