WI Membership Application - Mail completed application to:

The American Legion Department of Wisconsin Attn: Post 2930 Membership P.O. Box 388 Portage, WI 53901

Please print and complete the appropriate entries:

First Name:	_ Middle Initial:	_ Last Name:
Mailing Address:		
City:	State:	Zip:
Home Phone: ()		
My annual dues of \$62.00 are p	aid by:	
· · ·	·	Cashiers Check 🛛
Visa 🔽 Mastercard 🗆	Expiration Da	to
	_	ite:
Card Number:		
Charge Amount: \$62.00		
Eligibility Dates:		
August 2, 1990 - Open	Persian Gulf War	Branch Of Service:
🗆 Dec. 20, 1989 - Jan. 31,	, 1990 Panama	U.S.Army
🗖 Aug. 24, 1982 - Jul. 31, 1984 Grenada/Lebanon		non U.S.Navy
Feb. 28, 1961 - May 7,	1975 Vietnam War	U.S.Air Force
🗆 June 25, 1950 - Jan. 31	, 1955 Korean War	U.S.Marines
Dec. 7, 1941 - Dec. 31, 1	1946 World War II	U.S.Coast Guard
Apr. 6, 1917 - Nov. 11,	1918 World War I	

□ I certify that I have served at least one day of active military duty during the date(s) marked above and was honorably discharged or still serving honorably.

Signature of Applicant	Date:
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