

Please return completed application to:



Euclid Post 343  
The American Legion  
Att: Membership  
20750 Arbor Avenue  
Euclid, Ohio 44123



AMERICAN LEGION  
MEMBERSHIP APPLICATION

**D26NETEUCLID**

**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. Please send me your current membership card.

**Please check**

- my \$30.00 check or money order enclosed
  - a copy of my DD214 or Service ID enclosed
- (See box at right)

Euclid Post 343 Requires a copy of your DD214 as proof of eligibility.

If you are in the service, Please enclose a copy of your Service ID or orders.

If you need assistance, Contact the First Vice Commander 216-531-5344

Please check applicable "Dates of Service" and "Branch of Service":

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	
U.S. MERCHANT MARINE — DEC. 7, 1941—AUG. 15, 1945	

Name \_\_\_\_\_

Address \_\_\_\_\_

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

eMail \_\_\_\_\_

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

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

Signature \_\_\_\_\_

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

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