



Return completed form and payment to:

Roosevelt-Aurora American Legion Post 84
Attn: Commander Mike Eckburg
PO Box 4784
Aurora, IL 60507

The American Legion Membership Application

Date: _____

_____ (Name)	_____ (Phone)
_____ (Mailing Address)	_____ (City, State, Zip)
_____ (Email Address)	_____ \$37.00 (Dues)

Please check the appropriate eligibility dates and branch of service below:

<input type="checkbox"/> Aug 2, 1990 - cessation of hostilities as determined by the U.S. Government	
_____ <input type="checkbox"/> Dec 20, 1989 - Jan 31, 1990	<input type="checkbox"/> U.S. Army
_____ <input type="checkbox"/> Aug 24, 1982 - July 31, 1984	<input type="checkbox"/> U.S. Navy
_____ <input type="checkbox"/> Feb 28, 1961 - May 7, 1975	<input type="checkbox"/> U.S. Air Force
_____ <input type="checkbox"/> June 25, 1950 - Jan 31, 1955	<input type="checkbox"/> U.S. Marines
_____ <input type="checkbox"/> Dec 7, 1941 - Dec 31, 1946	<input type="checkbox"/> U.S. Coast Guard
_____ <input type="checkbox"/> April 6, 1917 - Nov 11, 1918	<input type="checkbox"/> Merchant Marines (12/7/41-8/15/45)

I certify that I served at least one day of active military duty during the dates marked above and was honorably discharged or am still serving honorably.

(Signature of Applicant)

(Name of Recruiter)