Please return completed application to:



Name:

American Legion Post 318 1000 Savanna Club Blvd Port Saint Lucie, FL 34952-3347

## 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. Please send my current membership card to the address shown herein.

Address:  City, State, Zip:  Phone:  E-Mail:			
Dates of Service		Branch of Service	
FROM:	U.S. Army	U.S. Marine Corps	
TO:	U.S. Navy	U.S. Air Force	
	U.S. Coast Guard		
	<b>U.S. Merchant Marine</b> December 7, 1941 - August 15, 1945		

My \$45.00 check or money order for current year dues is enclosed.
(Signature)

Upon completion, print the form using your browser's print function. Make 2 copies, 1 for your records and 1 to submit to the Post.

Last updated: 7/1/2021