

AMERICAN LEGION EARL WINEHART POST 96 NEW/TRANSFER MEMBER APPLICATION FORM

Date:

(Please use ink and print clearly using UPPERCASE Letters)			
Member ID # (9-Digit)		Dept.	Post #
First Name	MI	Last Name	Suffix

Check One:	
New: <input type="checkbox"/>	Attach \$50 annual dues
Transfer: <input type="checkbox"/>	Provide Legion ID # above & attach \$50 annual dues if not current
ALL APPLICANTS ATTACH: COPY OF DD FORM 214 WITH SSN BLACKED OUT OR COPY OF MILITARY ID CARD IF ACTIVE DUTY	

NEW ADDRESS		
Street		
City	State	Zip Code
Home Phone	Cell Phone	

EMAIL ADDRESS

DATE OF BIRTH
MM/DD/YYYY

CONTINUOUS YEARS OF MEMBERSHIP	
# Years	Last Paid Membership year

Member Transferring FROM:	Department (Alpha Code)	Former Post #
Member Transferring TO:	Department (Alpha Code)	New Post #

Gender	
Male <input type="checkbox"/>	Female <input type="checkbox"/>

WAR ERA (Mark all that apply)			
<input type="checkbox"/> Global War on Terrorism	<input type="checkbox"/> Panama	<input type="checkbox"/> Vietnam	<input type="checkbox"/> WW2
<input type="checkbox"/> Gulf War	<input type="checkbox"/> Korea	<input type="checkbox"/> Korea	<input type="checkbox"/> Other Conflicts

BRANCH OF SERVICE					
<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Marines	<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Space Force

Signature - Post Adjutant

(Required for Transfers, Deceased, Honorary Life and Cont. Years Changes)

Signature - Member

(Required for Transfers)