

THE AMERICAN LEGION , FRED BATES MORSE POST 91, INC.– P.O.BOX 291, EAST BRIDGEWATER, MA 02333-0291

APPLICATION FOR MEMBERSHIP (7/15) (PLEASE PRINT OR TYPE) DATE _____

NAME _____ HOME PHONE _____

ADDRESS _____ CELL PHONE _____

CITY/TOWN _____ STATE _____ ZIP+4 _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

SERVICE / BRANCH _____ DATE OF ENTRY _____

DATE OF DISCHARGE _____ TYPE OF DISCHARGE _____

SERVICE (SERIAL) NUMBER _____ SSAN _____

BLOOD TYPE _____ RH _____ CAN YOU DONATE? _____ SPOUSE'S NAME _____

LEGION SPONSOR'S NAME _____ DATE OF CONTACT _____

NEW OR RETURNING? _____ TRANSFER FROM _____ EMAIL: _____

PREV. MEMBERSHIP NUMBER _____ CONTINUOUS LEGION YEARS _____

I DO NOT SUBSCRIBE TO THE PRINCIPLES OF ANY GROUP OPPOSED TO OUR FORM OF GOVERNMENT. I CERTIFY THAT I DID NOT REFUSE ON CONSCIENTIOUS, POLITICAL OR ANY OTHER GROUNDS TO SUBJECT MYSELF TO MILITARY DISCIPLINE OR UNQUALIFIED SERVICE WHEN I WAS A MEMBER OF THE ARMED FORCES OF THE UNITED STATES.

SIGNATURE OF APPLICANT _____ WITNESS _____

(A DD214 FORM OR OTHER DISCHARGE PAPER MUST BE EXAMINED BY THE COMMANDER, VICE COMMANDER, ADJUTANT OR MEMBERSHIP CHAIRMAN BEFORE THE APPLICANT CAN BE CONSIDERED. A LEGIBLE FILE COPY IS REQUIRED FOR OUR RECORDS)

PAPERS EXAMINED BY (SIGNATURE) _____ DATE _____

APPLICATION READ, CONSIDERED AND VOTED UPON AT THE EXEC. COMM. MEETING OF _____

AND AT THE REGULAR MEETING ON _____ VOTE OUTCOME: _____

SIGNATURE OF POST COMMANDER/VICE COMDR/ADJT/PC _____, ATTEST

ELIGIBILITY DATES: TO BE ELIGIBLE FOR MEMBERSHIP IN THE AMERICAN LEGION, YOU MUST HAVE SERVED HONORABLY, FOR ANY AMOUNT OF TIME, IN THE MILITARY FORCES OF THE UNITED STATES; AND FOR AT LEAST ONE DAY DURING ONE OF THE FOLLOWING PERIODS: (MAKE CHECK MARKS NEXT TO ALL APPLICABLE DATES OF SERVICE)

- APRIL 6, 1917 TO NOVEMBER 11, 1918 (WORLD WAR ONE)
- DECEMBER 7, 1941 TO DECEMBER 31, 1946 (W.W. TWO)
- JUNE 25, 1950 TO JANUARY 31, 1955 (KOREAN WAR)
- FEBRUARY 28, 1961 TO MAY 7, 1975 (VIETNAM WAR)
- AUGUST 24, 1982 TO JULY 31, 1984 (LEBANON/GRANADA)
- DECEMBER 20, 1989 TO JANUARY 31, 1990 (PANAMA)
- AUGUST 2, 1990 TO CESSATION DATE TBD (PERSIAN GULF)

(THE SPACE BELOW IS FOR POST USE ONLY)

YEAR _____ DUES PAID \$ _____

CHK.NO./DATED _____ / _____

RECEIVED BY _____

SEND COMPLETED APPLICATION + DD214 + \$35 CHECK TO ADDRESS ON TOP LINE – ANY QUESTIONS? CALL 508-378-7030 X