



**AMERICAN LEGION POST 460
MEMBERSHIP APPLICATION**

Please return completed application to:

**The American Legion of Solon
Attn: Membership
P.O. Box 113
Solon, Iowa 52333**

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 my current membership card.

Name _____

Address _____

City, State, Zip _____

Phone Number _____

Birth Date _____

E-Mail _____

Signature _____

ENCLOSE CHECK OR MONEY ORDER FOR \$35.00 ANNUAL DUES

Dates of Service

____ AUG 2, 1990 – PRESENT
____ DEC 20, 1989 – JAN 31, 1990
____ AUG 24, 1982 – JUL 31, 1984
____ FEB 28, 1961 – MAY 7, 1975
____ JUN 25, 1950 – JAN 31, 1955
____ DEC 7, 1941 – DEC 31, 1946
____ APR 6, 1917 – NOV 11, 1918
____ U.S. MERCHANT MARINE – DEC 7, 1941- AUG 15, 1945

Branch of Service

____ U.S. ARMY
____ U.S. NAVY
____ U.S. AIR FORCE
____ U.S. MARINES
____ U.S. COAST GUARD

Are you transferring from another local Post? ____ YES ____ No

If Yes, Post Number? _____