

Membership Application

Print and mail to:
Tonganoxie American Legion Post 41
PO Box 366
Tonganoxie, KS 66086
or BETTER YET bring it to a meeting!

YES! I would like to become a member of The American Legion. I certify by forwarding this application 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 a check for \$35.00 for annual membership in the Tonganoxie American Legion Post 41. All fields must be completed. Thank you.

Personal Information

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Date of Birth: _____

Phone: _____

E-mail: _____

Check the appropriate lines below:

Dates of Service:

- Apr. 6, 1917 - Nov. 11, 1918
- Dec. 7, 1941 - Dec. 31, 1946
- June 25, 1950 - Jan. 31, 1955
- Feb. 28, 1961 - May 7, 1975
- Aug. 24, 1982 - Jul. 31, 1984
- Dec. 20, 1989 - Jan. 31, 1990

Branch of Service:

- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marines
- U.S. Coast Guard
- U.S. Merchant Marine

Signature: _____

Date: _____