



**AMERICAN LEGION MEMBERSHIP APPLICATION**  
**P.O. BOX 14939 SAN FRANCISCO CA 94114-0939**  
**TELEPHONE: (415) 431-1413**

|   |  |                     |               |                             |                                       |                                  |                                  |  |   |  |
|---|--|---------------------|---------------|-----------------------------|---------------------------------------|----------------------------------|----------------------------------|--|---|--|
| <b>American Legion Post 448</b>   |  | <b>Dues</b>         |               | <b>Annual dues: \$35.00</b> |                                       |                                  |                                  |  |   |  |
| <b>Sons of the American Legion</b>  |  |                     |               | <b>Annual dues: \$20.00</b> |                                       |                                  |                                  |  |   |  |
| <b>Alexander Hamilton Association</b>   |  |                     |               | <b>Annual dues: \$20.00</b> |                                       |                                  |                                  |  |   |  |
| <b>First Name:</b>  |  | <b>Middle Name:</b> |               | <b>Last Name:</b>           |                                       |                                  |                                  |  |   |  |
| <b>Address:</b>   |  |                     |               |                             |                                       |                                  |                                  |  |   |  |
| <b>City:</b>  |  |                     | <b>State:</b> | <b>Zip Code:</b>            |                                       |                                  |                                  |  |   |  |
| <b>Phone:</b>   |  | <b>Fax:</b>         |               | <b>Email:</b>               |                                       |                                  |                                  |  |   |  |
| <b>Qualifying Eras of Conflict</b><br>(Please check one – First era only) <ul style="list-style-type: none"> <li><input type="checkbox"/> WWI - 6 April 1917 – 11 November 1918</li> <li><input type="checkbox"/> WWII - 7 December 1941 to 31 December 1946</li> <li><input type="checkbox"/> WWII (Merchant Marines) - 7 December 1941 to 16 August 1945</li> <li><input type="checkbox"/> Korea - 25 JUNE 1950 to 31 January 1955</li> <li><input type="checkbox"/> Vietnam - 28 February 1961 to 7 May 1975</li> <li><input type="checkbox"/> Grenada-Lebanon - 24 August 1982 to 31 July 1984</li> <li><input type="checkbox"/> Panama - 20 December 1989 to 31 January 1990</li> <li><input type="checkbox"/> Persian Gulf, Iraq, Afghanistan - 2 August 1990 to TBD</li> </ul> <p><b>Note: 1<sup>st</sup> year dues are waived for women, and Afghanistan and Iraq Veterans.</b></p> |  |                     |               |                             |                                       |                                  |                                  |  |   |  |
| <b>Branch of Service</b><br>(Check One) <table border="0"> <tr> <td><input type="checkbox"/> US Air Force</td> <td><input type="checkbox"/> US Army</td> </tr> <tr> <td><input type="checkbox"/> US Navy</td> <td><input type="checkbox"/> US Marine Corps</td> </tr> <tr> <td><input type="checkbox"/> US Coast Guard</td> <td><input type="checkbox"/> US Merchant Marines</td> </tr> </table>  |  |                     |               |                             | <input type="checkbox"/> US Air Force | <input type="checkbox"/> US Army | <input type="checkbox"/> US Navy | <input type="checkbox"/> US Marine Corps | <input type="checkbox"/> US Coast Guard | <input type="checkbox"/> US Merchant Marines |
| <input type="checkbox"/> US Air Force   | <input type="checkbox"/> US Army             |                     |               |                             |                                       |                                  |                                  |  |   |  |
| <input type="checkbox"/> US Navy  | <input type="checkbox"/> US Marine Corps     |                     |               |                             |                                       |                                  |                                  |  |   |  |
| <input type="checkbox"/> US Coast Guard   | <input type="checkbox"/> US Merchant Marines |                     |               |                             |                                       |                                  |                                  |  |   |  |
| <b>SAL Applicants, please indicate your relationship to Veteran:</b>  |  |                     |               |                             |                                       |                                  |                                  |  |   |  |
| <b>Check One:</b>   |  |                     |               |                             |                                       |                                  |                                  |  |   |  |
| <input type="checkbox"/> I certify that I served at least one day of active duty during the dates marked and was Honorably Discharged or am still serving Honorably.  |  |                     |               |                             |                                       |                                  |                                  |  |   |  |
| <input type="checkbox"/> I certify that I am the Son or Daughter or other relative of a Veteran as certified above.   |  |                     |               |                             |                                       |                                  |                                  |  |   |  |
| <input type="checkbox"/> I am applying for membership in the Alexander Hamilton Association.  |  |                     |               |                             |                                       |                                  |                                  |  |   |  |
| X _____   |  | <b>Signature</b>    |               | <b>Date:</b>                |                                       |                                  |                                  |  |   |  |
| <b>Recruiter:</b>   |  |                     |               |                             |                                       |                                  |                                  |  |   |  |
| <b>FOR OFFICE USE ONLY:</b>   |  |                     |               |                             |                                       |                                  |                                  |  |   |  |

**Please attach your check made payable to: American Legion Post 448, and mail to address shown above.**