WI Membership Application - Mail completed application to:

The American Legion
Department of Wisconsin
Attn: Post 2930 Membership
P.O. Box 388
Portage, WI 53901

Please print and complete the appropriate entries:

First Name: _____ **Middle Initial:** ___ **Last Name:**_____

Mailing Address:_____

City: _____**State:** _____**Zip:** _____

Home Phone: (_____)_____

My annual dues of $30.00 are paid by:

Personal Check ☐ **Money Order** ☐ **Cashierôs Check** ☐

Visa ☐ **Mastercard** ☐ **Expiration Date:** _____

Card Number: _____ **CVC** _____
Charge Amount: $30.00

Eligibility Dates:

- ☐ **August 2, 1990 - Open Persian Gulf War**
- ☐ **Dec. 20, 1989 - Jan. 31, 1990 Panama**
- ☐ **Aug. 24, 1982 - Jul. 31, 1984 Grenada/Lebanon**
- ☐ **Feb. 28, 1961 - May 7, 1975 Vietnam War**
- ☐ **June 25, 1950 - Jan. 31, 1955 Korean War**
- ☐ **Dec. 7, 1941 - Dec. 31, 1946 World War II**
- ☐ **Apr. 6, 1917 - Nov. 11, 1918 World War I**

Branch Of Service:

- ☐ **U.S.Army**
- ☐ **U.S.Navy**
- ☐ **U.S.Air Force**
- ☐ **U.S.Marines**
- ☐ **U.S.Coast Guard**

☐ **I certify that I have served at least one day of active military duty during the date(s) marked above and was honorably discharged or still serving honorably.**

Signature of Applicant_____ **Date:**_____