The American Legion
Membership Application
N.A. Blanchard Post 1040
Delmar, New York

Please print Legibly

Date: _____ ❑ New Membership ❑ Transfer Application

Name: _____ _____ _____
First *M.I.* *Last*

Address: _____ _____ _____ _____
Street *City* *State* *Zip Code*

E-mail Address: _____ Birth Date: _____

Telephone: _____ _____ Membership ID: _____
Home Phone Cell Phone If transferring from another Post

City State

Veteran served honorably from:

❑ WWI (4/6/17-11/11/18)
❑ WWII (12/7/41-12/31/46)
❑ Merchant Marines (12/7/41-8/15/45)
❑ Korea (6/25/50-1/31/55)
❑ Vietnam (2/28/61-5/7/75)
❑ Lebanon/Grenada (8/24/82-7/31/84)
❑ Panama (12/20/89-1/31/90)
❑ Gulf War/War on Terrorism (8/29/90-present)

Veteran's Branch of Service:

❑ U.S. Army ❑ U.S. Air Force ❑ U.S. Coast Guard
❑ U.S. Navy ❑ U.S. Marines ❑ Merchant Marines

I certify that I served at least one day of active duty during the dates marked above and was honorably discharged or am still serving honorably.

Signed: _____ _____
Membership certified by

APPLICATION MUST BE ACCOMPANIED BY A COPY OF YOUR DD214

MEMBERSHIP APPLICATION RECEIPT – THE AMERICAN LEGION
N.A. Blanchard Post 1040 – Delmar, NY
518-439-9819

Date: _____

Applicant Name: _____ has submitted an application and $35.00 dues.

Received by: _____

Recruiter: _____ _____
Printed Name Recruiter's Phone Number

Membership meetings are held on the first Monday of each month.

Recruiter Signature: _____