



Mail-In Form – American Legion Post 215

Mail completed application form to:

**American Legion Post 215
c/o Edward Taylor, Adjutant
3272 Vilas Road
Cottage Grove, WI 53527**



Please complete the appropriate entries below:

First Name: _____
 Middle Initial: _____
 Last Name: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ - _____
 Home Phone: (_____) - _____

My annual dues of \$28.00 are to be paid by:

Personal Check
 Money Order

Please include payment with application.

Eligibility Date(s):
 (Check Those Applicable)

April 6, 1917 – Nov 11, 1918 = World War I
 December 7, 1941 – December 31, 1946 = World War II
 June 25, 1950 – January 31, 1955 = Korean War
 February 25, 1961 – May 7, 1975 = Vietnam War
 August 24, 1982 – July 31, 1984 = Grenada & Lebanon
 December 20, 1989 – January 31, 1990 = Panama
 August 2, 1990 – Date To Be Determined = Persian Gulf Wars

Branch(s) of Service:
 (Check Those Applicable)

U.S. Army
 U.S. Marine Corps
 U.S. Navy
 U.S. Air Force
 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: _____