



Applications for membership in the American Legion, SAL and Auxiliary of Post 787.

Print out proper page, fill out and mail or bring into Post, with appropriate documentation and dues.

Mail address:
American Legion Post 787
5575 Legionnaire Drive
PO Box 1131
Cicero, NY 13039

The American Legion Membership Application

(Name)

(Phone)

(Mailing Address)

(Date)

(City)

(State)

(Zip)

(Post #)

(Membership ID# former member)

(Email Address)

(Dues)

Please check appropriate eligibility dates and branch of service below

- | | |
|--|---|
| <input type="checkbox"/> Aug 2, 1990 – cessation of hostilities as determined by U.S. Government | <input type="checkbox"/> U.S. Army |
| <input type="checkbox"/> Dec. 20, 1989 – Jan. 31, 1990 | <input type="checkbox"/> U.S. Navy |
| <input type="checkbox"/> Aug. 24, 1982 – July 31, 1984 | <input type="checkbox"/> U.S. Air Force |
| <input type="checkbox"/> Feb. 28, 1961 – May 7, 1975 | <input type="checkbox"/> U.S. Marines |
| <input type="checkbox"/> June 25, 1950 – Jan. 31, 1955 | <input type="checkbox"/> U.S. Coast Guard |
| <input type="checkbox"/> Dec. 7, 1941 – Dec. 31, 1946 | <input type="checkbox"/> Merchant Marines 12/7/41 – 12/31/46 (only eligibility) |
| <input type="checkbox"/> April 6, 1917 – Nov 11, 1918 | |



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

Signature of applicant

Name of recruiter

30-009 (2009)

Receipt of Dues

(Please Print)

From

\$

for 20

Post #

Recruiter's Name

Recruiter's Signature

Recruiter's Phone #



eMail Address _____



APPLICATION FOR MEMBERSHIP
SONS OF THE AMERICAN LEGION POST 787

Temp Card # _____

\$20.00 Membership Fee (Check or Money Order)

Date _____

Detachment of _____ Squadron No. _____ Birth Date _____

Name _____ Recruited by _____
(First) (Initial) (Last) (Initial) (Last)

Address _____ / _____ / _____ / _____
(Street) (City) (State) (Zip)

E-mail Address _____ Telephone _____

Veteran through whom eligibility is established _____

(a) Above is a member in good standing of Post No. _____, Dept. of _____

OR (b) Above is a deceased veteran who served honorably from _____ to _____

(b) Relationship of Applicant to Veteran _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

Signed _____ Eligibility certified by (Post Adjutant) _____
(By Applicant or Parent)

Eligibility Information

If you meet the eligibility requirements for membership in the Sons of The American Legion, we'd love to have you join our ranks!

All male descendants, adopted sons and stepsons of members of the American Legion, and such male descendants of veterans who died in service during:

- World War I(April 6,1917 - Nov. 11, 1918)
- World War II (Dec. 7 1941 - Dec. 31, 1946)
- Korean War (Jun.25, 1950 - Jan.31, 1955)
- Vietnam War (Feb.28, 1961 - May 7, 1975)
- Lebanon / Grenada (Aug. 24,1982 - July 31, 1984)
- Operation Just Cause - Panama (Dec.20, 1989 - Jan.31, 1990)
- Operation Desert Shield/Storm (*Aug.2, 1990 - A date to be determined by the U.S. Government)
- US Merchant Marines eligible only from Dec. 7, 1941 to Aug. 16, 1945

Proof of eligibility (a copy of the sponsor Veterans DD-214, and/or American Legion Membership Card) will be requested at time of application. If you cannot get a copy of the Veterans DD-214 we will be able to help you retrieve it.

AMERICAN LEGION AUXILIARY APPLICATION FOR MEMBERSHIP

Please type or print:

Mrs/Miss/Ms _____ (Applicant's Full Name) _____ (Birth Date) Senior (Over 18)
 Junior

_____ (Mailing Address) _____ (Work/Home Phone)

_____ (City) _____ (State) _____ (Zip) _____ (Unit Number/Location)

I am eligible for membership through the military service of _____ (Full Name)

Living He/she is a member of: _____ (American Legion Post) _____ (Post #) _____ (City) _____ (State/Zip)
 Deceased

The veteran, living or deceased, served in:

- | | |
|---|--|
| <input type="checkbox"/> WWI (4/6/17-11/11/18) | <input type="checkbox"/> WWII (12/7/41-12/31/46) |
| <input type="checkbox"/> Korea (6/25/50-1/31/55) | <input type="checkbox"/> Vietnam (12/22/61-5/7/75) |
| <input type="checkbox"/> Grenada/Lebanon (8/24/82-7/31/84) | <input type="checkbox"/> Panama (12/20/89-1/31/90) |
| <input type="checkbox"/> Persian Gulf War (8/2/90 until cessation of hostilities) | |

Applicant's Relationship to the Veteran:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Granddaughter |
| <input type="checkbox"/> Wife | <input type="checkbox"/> Great-Granddaughter |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Daughter | <input type="checkbox"/> Self |
- (Step-relatives are eligible)

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged.

_____ (Signature of Applicant)	_____ (Date)	_____ (Post Officer Membership Verification or Unit Sec'y Verification for Female Veterans Only)	_____ (Date)
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