

AMERICAN LEGION POST 13 APPLICATION FOR MEMBERSHIP

Mail completed application and a copy of your DD214 with Payment to:

The American Legion
Department of Florida
Sauls-Bridges Post 13
P.O. Box 38028
Tallahassee FL 32315-8028

Please print and complete the appropriate entries:

First Name: _____ Middle Initial: ___ Last Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cellular Phone: (____) _____
Membership ID# (transfer or former member): _____
e-mail: _____
Next of Kin: _____ Phone: (____) _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

My Annual Dues of \$35.00 are paid by:

Personal Check Money Order Cashiers Check Cash

Eligibility Dates:

Branch of Service:

___ August 2, 1990 – Open Persian Gulf War

___ U.S. Army

___ Dec. 20, 1989 – Jan. 31, 1990 Panama

___ U.S. Navy

___ Aug. 24, 1982 – Jul. 31, 1984 Grenada/Lebanon

___ U.S. Air Force

___ Feb. 28, 1961 – May 7, 1975 Vietnam War

___ U.S. Marines

___ June 25, 1950 – Jan. 31, 1955 Korean War

___ U.S. Coast Guard

___ Dec. 7, 1941 - Dec. 31, 1946 World War II

___ Merchant Marines*

___ Apr. 6 1917 – Nov. 11, 1918 World War I

* World War II (only period of eligibility)

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

Signature of Applicant _____ Date: _____

Call the Post Phone at 850-222-3382 for any questions you might have. If you plan to pay by cash, please do not send cash by mail, and call the office to be sure someone will be at the Post to help you.

Our Post address is: 229 Lake Ella Drive
Tallahassee, FL 32303