



American Legion Post 186 Membership Application

1. Complete the form below.

| | |
|--------------------------------|-------|
| Name | _____ |
| Address | _____ |
| City, State, Zip | _____ |
| Phone Number (with A/C) | _____ |
| Birth Date (dd-mm-yy) | _____ |

2. Check the appropriate eligibility date and branch of service and sign below.

| Dates of Service | Branch of Service |
|---|---|
| <input type="checkbox"/> AUG 2, 1990 – OPEN <input type="checkbox"/> DEC 20, 1989 – JAN 31, 1990 <input type="checkbox"/> AUG 24, 1982 – JUL 31, 1984 <input type="checkbox"/> FEB 28, 1961 – MAY 7, 1975 <input type="checkbox"/> JUN 25, 1950 – JAN 31, 1955 <input type="checkbox"/> DEC 7, 1941 – DEC 31 1946 <input type="checkbox"/> APR 6, 1917 – NOV 11, 1918 | <input type="checkbox"/> U.S. ARMY <input type="checkbox"/> U.S. NAVY <input type="checkbox"/> U.S. AIR FORCE <input type="checkbox"/> U.S. MARINES <input type="checkbox"/> U.S. COAST GUARD |
| <input type="checkbox"/> U. S. MERCHANT MARINE – DEC 7, 1941 – AUG 15, 1945 | |
| <p>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.</p> <p>Signature and Date: _____</p> | |

Name of Recruiter: _____

3. Mail this completed form, a copy of your DD FORM 214 and a check for \$40.00 made out to American Legion Post 186 to:

MEMBERSHIP
c/o American Legion Post 186
4285 Pine Drive
Little River, SC 29566

OR

Bring it to the Post and give to the bar tender.
 Make sure the envelope is marked
MEMBERSHIP.