



The American Legion Post 176 Springfield

Transfer Application

Name: _____ Member ID No. (9-digit): _____

Address: _____ Previous Post No: _____

City/State/Zip: _____ Cont. Yrs: _____ For Member Year 201__

Tel: _____ E-mail: _____

Birth date (mm/dd/yyyy): _____ Spouse: _____

Branch of Service: Air Force Army Coast Guard Marines Navy

War Era: Mark the appropriate box with an "X". If more than one applies, please mark only the earliest war era served:

- | | |
|--|---|
| <input type="checkbox"/> 08/2/90 - Cessation of hostilities as determined by U.S. Govt. (Persian Gulf) | <input type="checkbox"/> 12/20/89 - 1/31/90 (Panama) |
| <input type="checkbox"/> 08/24/82 - 7/13/84 (Granada/Lebanon) | <input type="checkbox"/> 02/28/61 - 5/17/75 (Vietnam) |
| <input type="checkbox"/> 12/7/41 - 8/15/41 (Merchant Marine) | <input type="checkbox"/> 06/25/50 - 1/31/55 (Korea) |
| | <input type="checkbox"/> 01/27/41 - 12/31/46 (WWII) |
| | <input type="checkbox"/> 04/6/17 - 11/11/18 (WWI) |

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

Member is paying renewal dues for year _____ CASH Check# _____ verified by _____

_____	*	_____
Name of Sponsor		Signature of applicant

*** A copy of the member's current Legion Membership Card is required with this application**
**** If you are also renewing your membership, please make check payable to The American Legion Post 176 in the amount of \$40. Applications may be hand delivered to 6520 Amherst Avenue, Springfield, VA., or mailed to PO. BOX 689, Springfield, VA 22150-0689**

Listed below are just a few of the many programs that Post 176 Springfield sponsors
Please check the one(s) that you are interested in supporting

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USE THIS RECEIPT ONLY IF MEMBER IS PAYING DUES – Check Box above Signature

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> VA Hospital volunteering | <input type="checkbox"/> Young Marines | <input type="checkbox"/> Boys State | <input type="checkbox"/> VA Claims processing |
| <input type="checkbox"/> Veteran's Programs | <input type="checkbox"/> Legion Baseball | <input type="checkbox"/> Post improvement/maintenance | |
| <input type="checkbox"/> Membership recruiting | <input type="checkbox"/> Social Media/Marketing | <input type="checkbox"/> Public Relations | |
| <input type="checkbox"/> Flag Retirement | <input type="checkbox"/> Blood Drives | <input type="checkbox"/> Legion Riders | |
| <input type="checkbox"/> Other/Skill set: _____ | | | |
| <input type="checkbox"/> Wife interested in the Auxiliary | | <input type="checkbox"/> Son interested in the Sons of The American Legion | |

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MEMBER KEEPS THIS RECEIPT FOR USE AS A TEMPORARY CARD UNTIL OFFICIAL CARD IS RECEIVED

Receipt of American Legion dues in the amount of \$ 40.00 for calendar year 2019

Received from _____ Date: _____

Sponsor's Name: _____ Sponsor's Signature: _____