



# 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 2020

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**

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**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 2020**

Received from \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Name: \_\_\_\_\_ Sponsor's Signature: \_\_\_\_\_