



The American Legion Post 176 Springfield

New Member Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ E-mail: _____

Birth date (mm/dd/yyyy): _____

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"/> Persian Gulf / Gulf War (current) | <input type="checkbox"/> Panama | <input type="checkbox"/> Granada / Lebanon |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> Korea | <input type="checkbox"/> Merchant Marine |
| <input type="checkbox"/> WWII | <input type="checkbox"/> WWI | <input type="checkbox"/> Legion Act |

*** 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 dues of \$40.00 with: CASH Check# _____ verified by _____

Name of Sponsor

* _____
Signature of applicant

Please make checks payable to: The **American Legion Post 176**, (\$40.00 annual dues). Applications may be **hand delivered** to 6520 Amherst Avenue, Springfield, VA., or **mailed** to PO. BOX 689, Springfield, VA 22150-0689 or **returned** to sponsor.

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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

- | | | | |
|---|---|--|---|
| <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: _____