



The American Legion Post 176 Springfield New Member / Transfer Application

Name: _____

Address: _____

City: _____ State _____ Zip _____

Tel: _____ E-mail: _____ Birth date: ____ / ____ / ____

(mm / dd / yyyy)

Branch of Service: Air Force Army Coast Guard Marines Navy Space Force

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

- Persian Gulf Panama Granada/Lebanon Vietnam
- Korea Merchant Marine WW II Legion Act of 2019

*** 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.**

New Member:

(Verification of DD 214 or Military ID is required for membership and should be attached*)

Name of Post 176 Legion Sponsor

Signature of applicant

New Member is paying dues of \$40.00 with: CASH CC Check # _____

Transferring Member: *From Membership Card*

Previous Post (State and Post #) _____ Mbr # _____ PUFL? Yes No

Continuous Years ____ for Member Year 2024 verified by: _____

Member is paying renewal dues of \$40.00 with: CASH CC Check # _____

- 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
- mailed** to 6520 Amherst Avenue, Springfield, VA 22150 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

- VA Hospital volunteering Young Marines Boys State VA Claims processing
- Veteran's Programs Legion Baseball Post improvement / maintenance
- Membership recruiting Public Relations Social Media / Marketing
- Flag Retirement Blood Drives Legion Riders
- Other/Skill set: _____

- Spouse interested in Auxiliary _____ Son interested in the Sons of The American Legion
- name

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NEW MEMBER KEEP 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 2024

Received from: _____ Date: _____

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