



Membership application – mail completed application with proof of eligibility (DD-214) to:

The American Legion Department of SC

103 Legion Plaza Road

Columbia, SC 29210

First Name _____ Middle Initial ____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

E-mail Address _____

My annual dues of \$55.00 are enclosed- Ck or MO # _____

Eligibility Requirements for American Legion Membership

I certify that I served at least one day of active military duty since December 7, 1941 and was honorably discharged or am still serving honorably.

Eligibility Dates:

- Global War on Terror
- Gulf War
- Panama
- Lebanon/Grenada
- Vietnam
- Korea
- WWII
- Other Conflicts

Branch of Service

- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marines
- U.S. Coast Guard
- U.S. Merchant Marines (12/7/41-12/31/46)

I would like to be assigned to an American Legion Post nearest my home.

Signature of applicant _____ Date _____