

**AMERICAN LEGION
LOS ANGELES SHERIFF'S STAR POST 309
EST. 1927**

The American Legion Membership Application

(Name) (Date of Birth)

(Mailing Address) (Phone Number)

(City) (State) (Zip) (Post #)

309
\$48/year
(Dues)

Male Female
(Gender) (Dues)

Personal Email (E-mail)

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.

Please check appropriate service era and branch of service below

- | | |
|--|---|
| <input type="checkbox"/> Global War on Terror | <input type="checkbox"/> U.S. Army |
| <input type="checkbox"/> Gulf War | <input type="checkbox"/> U.S. Navy |
| <input type="checkbox"/> Panama | <input type="checkbox"/> U.S. Air Force |
| <input type="checkbox"/> Lebanon/Grenada | <input type="checkbox"/> U.S. Marines |
| <input type="checkbox"/> Vietnam | <input type="checkbox"/> U.S. Coast Guard |
| <input type="checkbox"/> Korea | <input type="checkbox"/> Merchant Marines (WWII only) |
| <input type="checkbox"/> WWII | |
| <input type="checkbox"/> Other Conflicts Such as Cold War era | |



Star Post 309

30-009 Signature of applicant Date Name of recruiter

By my signature below, I agree to have Star Post 309 enroll me in automatic payroll deduction for the amount of \$4 monthly (\$2 per pay period) to be withdrawn from my monthly payroll and payable to Star Post 309, until which time I notify Star Post 309 of cancellation.

Employee # _____

Signature _____ Date: _____