


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

**The American Legion Membership Application**

<hr/>			<hr/>	
(Name)			(Date of Birth)	
<hr/>			<hr/>	
(Mailing Address)			(Phone Number)	
<hr/>			<hr/>	
(City)		(State)	(Zip)	(Post #)
<hr/>			<hr/>	
<b>Personal Email</b> (E-mail)			<b>309</b> <b>\$60/year</b> (Dues)	
			<input type="checkbox"/> Male <input type="checkbox"/> Female (Gender)	
<input type="checkbox"/> 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.				
<b>Please check appropriate service era and branch of service below</b>				
<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		<b>Such as Cold War era</b>		
				
<b>Star Post 309</b>				
<hr/>			<hr/>	
Signature of applicant			Date	
<hr/>			<hr/>	
30-009			Name of recruiter	

By my signature below, I agree to have Star Post 309 enroll me in automatic payroll deduction for the amount of \$5 monthly to be withdrawn from my monthly LACERA account and payable to Star Post 309, until which time I notify Star Post 309 of cancellation.

Last four of SSN \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I do not wish to opt in to the automatic LACERA deduction and choose to pay my dues annually. Dues are payable between July 1 and December 31 of each year.