

NEW MEMBER AND TRANSFER MEMBER APPLICATION FOR Story City American Legion Post #59

First Name

Last Name

Date of Birth

Mailing Address

Address Line 2

City

Zip

Phone

Valid Email

How did you hear about us?

Member ID# (Former Member) Post # coming from, copy of your last membership card)

Recruiter's Name

Branch of Service

Dates of Service

New Membership **\$40.00**

*April 6, 1917 – November 11, 1918

*December 7, 1941 – December 31, 1946

*June 25, 1950 – January 31, 1955

*February 28, 1961 – May 7, 1975

*August 24, 1982 – July 31, 1984

*December 20, 1989 – January 31, 1990

*August 2, 1990 – Present

* all dates inclusive

I certify that I served at least one day of active military duty during the dates marked above and was honorably discharged or am still serving honorably. I understand I will be signed up as a member of The Department of Iowa's holding Post #729 until I am transferred into a local post. *

Complete and bring to Post 59 or mail to 301 Washington, Story City, IA. 50248

Signature