



**MEMBERSHIP APPLICATION**  
**THE AMERICAN LEGION J. B. CLARK POST 149**  
 230 E. Park Ave, Escondido, CA 92025-1811  
 760-745-1159



YES! I will help my fellow Veterans by becoming a member of the American Legion. I certify that I have served at least one day of active military duty during the dates indicated below and was honorably discharged or am still serving honorably.

Name:	Date:
Street Address:	City:
State:	Zip Code:
Home Phone #:	Cell Phone #:
E-Mail Address:	Date of Birth:
Signature:	Recruiter:

Dates of Service		Branch of Service	
Gulf War	August 2 <sup>nd</sup> , 1990 to Present		U.S. Army
Panama	December 20 <sup>th</sup> , 1989 – January 31 <sup>st</sup> , 1990		U.S. Navy
Lebanon / Grenada	August 24 <sup>th</sup> , 1982 – July 31 <sup>st</sup> , 1984		U.S. Air Force
Vietnam	February 28 <sup>th</sup> , 1961 – January 31 <sup>st</sup> , 1975		U.S. Marine Corps
Korea	June 25 <sup>th</sup> , 1950 – January 31 <sup>st</sup> , 1955		U.S. Coast Guard
WWII	December 7 <sup>th</sup> , 1941 – December 31 <sup>st</sup> , 1946		Reserves / National Guard
Merchant Marine	December 7 <sup>th</sup> , 1941 – August 15 <sup>th</sup> , 1945		Merchant Marine

**Please Check Payment Box Below**

<b>\$50.00:</b> Regular Membership	<input type="checkbox"/>	<b>\$33.50:</b> E-6 and Below Active Duty	<input type="checkbox"/>
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**Post Adjutant Report**

Date	Action	Date	Action	Date	Action
	Application Processed		Membership Card Sent		Member File Set Up
	MDF On File		DD Form-214 Verified		Transmitted To Department

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 RECEIPT For Membership in The American Legion Post 149

Date	Amount	Payment Received By	Signature