



Applications for membership in the American Legion, SAL and Auxiliary of Post 787.

Just print out page two of this document, fill out the appropriate form and mail in or drop off with the appropriate documentation and dues. For questions, email member@ciceropost.com.

Mail address:
American Legion Post 787
5575 Legionnaire Drive
PO Box 1131
Cicero, NY 13039

The American Legion Membership Application

(Name) _____ (Phone) _____

 (Mailing Address) _____ (Date) _____

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

Please check appropriate eligibility dates and branch of service below

- Aug 2, 1990 - cessation of hostilities as determined by U.S. Government
 Dec. 20, 1989 - Jan. 31, 1990
 Aug. 24, 1982 - July 31, 1984
 Feb. 28, 1961 - May 7, 1975
 June 25, 1950 - Jan. 31, 1955
 Dec. 7, 1941 - Dec. 31, 1946
 April 6, 1917 - Nov 11, 1918
 Merchant Marines 12/7/41 - 8/15/45 (only eligibility)
- U.S. Army
 U.S. Navy
 U.S. Air Force
 U.S. Marines
 U.S. Coast Guard



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.

30-009 Signature of applicant _____ Name of recruiter _____

Receipt of Dues

(Please Print)

From _____ Post # _____
 \$ _____ for 20 _____
 Recruiter's Name _____
 Recruiter's Signature _____
 Recruiter's Phone # _____

Sons of The American Legion Membership Application

Detachment of _____ Squadron No. _____ Birth Date _____ Date _____
 Name _____ Recruited by _____
 (First) (Initial) (Last) (Initial) (Last)
 Address _____
 (Street) (City) (State) (Zip)
 E-mail Address _____ Telephone _____
 Veteran through whom eligibility is established _____
 (a) Above is a member in good standing of Post No _____, Dept. of _____
 OR (b) Above is a deceased veteran who served honorably from _____ to _____
 (c) Relationship of Applicant to Veteran _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and transmit \$ _____ as annual membership dues.

Signed _____ (By Applicant or Parent)

Eligibility certified by _____ (Post Adjutant) 00-001 (2003)

RECEIPT



Date Received of _____ in _____
 \$ _____ in payment of dues for 20 _____
 Squadron _____ Detachment of _____
 By _____

AMERICAN LEGION AUXILIARY APPLICATION FOR MEMBERSHIP

Please type or print:

Mrs/Miss/Ms _____ (Applicant's Full Name) _____ (Birth Date) _____ Senior (Over 18)
 Junior
 _____ (Mailing Address) _____ (Work/Home Phone) _____
 _____ (City) _____ (State) _____ (Zip) _____ (Unit Number/Location)

I am eligible for membership through the military service of _____ (Full Name)
 Living He/she is a member of: _____ (American Legion Post) _____ (Post #) _____ (City) _____ (State/Zip)
 Deceased

The veteran, living or deceased, served in:
 WWI (4/6/17-11/11/18) WWII (12/7/41-12/31/46) Applicant's Relationship to the Veteran:
 Korea (6/25/50-1/31/55) Vietnam (12/22/61-5/7/75) Mother Granddaughter
 Grenada/Lebanon (8/24/82-7/31/84) Panama (12/20/89-1/31/90) Wife Great-Granddaughter
 Persian Gulf War (8/2/90 until cessation of hostilities) Sister Grandmother
 Daughter Self (Step-relatives are eligible)

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged.
 _____ (Signature of Applicant) _____ (Date) _____ (Post Officer Membership Verification or Unit Secy Verification for Female Veterans Only) _____ (Date)