



American Legion Virginia Post 39
Membership Application

Please complete, print, and mail the signed form along with your DD-214 to:

Williamsburg Post 39
PO Box 2782
Williamsburg, VA 23187

You must complete all appropriate entries.

First Name: _____ Middle Intl: _____ Last Name: _____

Suffix: _____ Telephone Area Code: (_____) Telephone Number: _____

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

My annual dues (\$30.00) will be paid by:

Personal Check: Money Order: Cashier's Check:

I served during the following period(s):

Check which ones are applicable.

- April 6, 1917 – Nov. 11, 1918
- Dec. 7, 1941 - Dec. 31, 1946
- June 25, 1950 - Jan. 31, 1955
- Feb. 28, 1961 - May 7, 1975
- Aug. 24, 1982 - July 31, 1984
- Dec. 20, 1989 - Jan. 31, 1990
- Aug. 2, 1990 – Present

Branch of Service:

- United States Army
- United States Navy
- United States Air Force
- United States Marines
- United States Coast Guard

I certify that I served at least one day of active duty during the dates marked above and was honorably discharged or am still serving honorably.

I am enclosing a copy of my DD-214 (to be returned).

Signed: _____ Dated: _____