



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 (\$35.00) 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: \_\_\_\_\_