



# Post 79 Membership Application

Mail completed Mail completed application to:  
American Legion Post 79  
Attn: Post 79 Membership  
P.O. Box 332  
Zionsville, IN 46077

Please include a copy of your DD 214 (it will be returned to you)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address (required) \_\_\_\_\_

Gender:  Male  Female  Check here to opt-out of receiving the Post newsletter via E-mail.

My annual dues of \$40.00 are paid by:

Personal Check  Money Order  Cashier's Check  Cash

If Transferring: From Post # \_\_\_\_\_, City \_\_\_\_\_, State \_\_\_\_\_

### Service Era

- Gulf War on Terror
- Gulf War
- Panama
- Lebanon/Grenada
- Vietnam
- Korea
- WWII
- Other Conflicts

### Branch of Service

- U.S. Air Force
- U.S. Army
- U.S. Coast Guard
- U.S. Marines
- U.S. Navy
- U.S. Space Force
- U.S. Navy Merchant Marines (WWII only)

I certify that I have served at least one day of active military duty since December 7, 1941 and was honorably discharged or still serving honorably.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_