

AMERICAN LEGION POST 581
NEW OR TRANSFERRING MEMBERSHIP APPLICATION
Serving Veterans, Families, and the Community

Applicant Information

Full Name: _____

DOB: _____ Phone: _____ Gender: Male Female

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Branch of Service: _____ Dates of Service (Year): _____

Retirement Date: (If Applicable) _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Note to Transfer Members: Transfer members must provide a copy of their current membership card and sign the “signature - member” spot on the reverse side of this application.

Applicant Certification

I certify that the information provided is true and accurate to the best of my knowledge. I understand eligibility for membership in The American Legion is based upon honorable military service and approval by the post. I further understand that all communication is via email and that I may opt out by replying to an email sent to me or by notifying an executive board member in writing. Finally, I understand that to become a member, I must attend a meeting on the second Tuesday of each month within the first 3 months to be accepted, and that if I fail to do so, the application fee will be converted to a donation to the post and is non-refundable.

Applicant Signature _____ Date _____

Post Use Only

Application Received By (Print): _____ Date Received: _____

Dues Paid (\$40): Cash / Check / Card _____ Eligibility Verified (Sign): _____

Membership Approved Date: _____ Entered & Processed to IL Legion (Sign): _____

New Member Packed Sent Date: _____ New Member Card Sent Date: _____

American Legion Post 581
Veterans Strengthening America Since 1920



(Please use ink and print clearly using UPPERCASE letters)

Member ID # (9-digit)		Dept.	Post #
First Name	MI	Last Name	Suffix

MEMBERSHIP RECORD CHANGE

Deceased Honorary Life Membership Code: Add Delete
Member above holds an elected office or appointment within the Department or District

NAME CORRECTION

First Name	MI	Last Name	Suffix
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NEW ADDRESS

Line 1		
Line 2		
City	State	ZIP Code
Home Phone	Cell Phone	

EMAIL ADDRESS

DATE OF BIRTH

MM/DD/YYYY

CONTINUOUS YEARS OF MEMBERSHIP

# Years	Last Paid Membership Year
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Member Transferring FROM:	Department (Alpha Code)	Former Post #
Member Transferring TO:	Department (Alpha Code)	New Post #

GENDER

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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WAR ERA (Mark all that apply)

<input type="checkbox"/> Global War on Terrorism	<input type="checkbox"/> Panama	<input type="checkbox"/> Vietnam	<input type="checkbox"/> WWII
<input type="checkbox"/> Gulf War	<input type="checkbox"/> Grenada/Lebanon	<input type="checkbox"/> Korea	<input type="checkbox"/> Other Conflicts

BRANCH OF SERVICE

<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Marines	<input type="checkbox"/> Merchant Marines (WWII only)	<input type="checkbox"/> Navy	<input type="checkbox"/> Space Force
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Signature – Post Adjutant
(Required for Transfers, Deceased, Honorary Life and Cont. Years changes)

Signature – Member
(Required for Transfers)

SEE INSTRUCTIONS ON REVERSE SIDE