

Post 143 Membership Application

Mail completed application to:

Lt. Owen Fish Memorial, American Legion Post 143
Attn: Post 143 Membership
P.O Box 1084 S.M.S
Fairfield, CT 06825

Please print and complete the appropriate entries and attach \$40 for dues:

First Middle Initial and Last Name: _____

Date of Birth MM/DD/YYYY: _____ Email: _____

Mailing Address: _____ City/State/Zip: _____

Phone Number: _____ Male Female

I can provide a DD-214: YES NO Honorable discharge: YES NO

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

PLEASE CHECK APPROPRIATE SERVICE ERA AND BRANCH OF SERVICE BELOW

- | | |
|--|---|
| <input type="checkbox"/> - Global War on Terror | <input type="checkbox"/> Army |
| <input type="checkbox"/> - Gulf War | <input type="checkbox"/> Navy |
| <input type="checkbox"/> - Panama | <input type="checkbox"/> Air Force |
| <input type="checkbox"/> - Grenada/Lebanon | <input type="checkbox"/> Marines |
| <input type="checkbox"/> - Vietnam War | <input type="checkbox"/> Coast Guard |
| <input type="checkbox"/> - Korean War | <input type="checkbox"/> Merchant Marines (WWII Only) |
| <input type="checkbox"/> - World War II | |
| <input type="checkbox"/> - Other (Legion Act..Cold War NOT in era above) | |

Signature of Applicant: _____ Date: _____

→ Below is for American Legion Post 143 use ONLY ←

Application turned in by: _____ Date: _____

Discharge inspected by: _____ Date: _____

Signatures:

Finance Officer: _____ Date : _____

Adjutant: _____ Date : _____

Commander: ----- Date : -----