

The American Legion Department of California
CATHAY POST 384
1524 Powell Street, San Francisco, CA 94133
Tel: (415) 797-7384 | cathaypost@gmail.com



AMERICAN LEGION MEMBERSHIP APPLICATION/UPDATE

1) Membership Type: New member (\$50/yr) Transfer (\$50/yr – req. post membership card # & DD214)
 Support (\$40/year), *Skip to #6*

2) Payment: Make check payable to, *Cathay Post 384* **3) DD214:** Attached Verified

4) Service Era Eligibility:

Apr. 6, 1917 – Nov. 11, 1918 (World War I) Dec. 7, 1941 – present (Beginning of World War II)

4a) Honorable Discharge Other Discharge Type: _____

5) Branch: U.S. Army U.S. Navy U.S. Air Force U.S. Marines U.S. Coast Guard
 U.S. Merchant Marine (WWII Only)

6) Gender: Female Male **7) Date of Birth:** _____

8) Contact Information: (PLEASE PRINT LEGIBLY)

Name (First & Last) _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Home Phone # _____ Mobile # _____

Current/Past Profession: _____

9) Volunteer Interests:

Americanism (__parades, __color guard, __Boys State, __oratorical, __Scouting)

Children & Youth (__Child Welfare Foundation, __Temp Financial Assistance)

National Defense (__emergency preparedness, __civil defense)

Veteran Affairs (__VA claims, __rights & benefits)

Fund raising/Event Planning Other _____

I certify that I served at least one day of active military duty during the dates marked above and was honorably discharged or I am still honorably serving. Additionally, I certify that the information I have provided is current and correct.

Application's Signature: _____ Dated: _____

For Internal Use Only

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Processed By: _____ Payment & Transmittal to Dept. of CA: _____