

# LEGION POST 304 HOME ASSOCIATION APPLICATION FOR SOCIAL MEMBERSHIP

(illegible or incomplete applications may result on your application not being approved)

Date: \_\_\_\_\_  
(Month/Day/Year)

[Print name in full] I, \_\_\_\_\_ SSN (required): \_\_\_\_\_

Hereby apply for a Social Membership in the Legion Post #304 Home Association.

Address: \_\_\_\_\_  
(Street, City, & State)

Date of Birth: \_\_\_\_\_ Sex: M F  
(Month/Day/Year)

Phone No: \_\_\_\_\_

Have you ever served in the US Armed Forces?: YES NO

For women, has anyone in your direct family grand parent(s), parent(s), sibling(s), children, or grand children ever served in any branch of the US Armed Forces?: YES NO

For men, has anyone in your direct family grandparent(s), parent(s) ever served in any branch of the US Armed Forces?: YES NO

If yes, what dates? \_\_\_\_\_ Honorably Discharged? YES NO  
(MM/DD/YY to MM/D/YY)

If your dates of service or the dates of service of your family members fall between any of the periods listed below, we may ask that you join as a Regular member of the Dolon-Jones-Martino American Legion Post 304 or the American Legion Auxiliary or Sons of the American Legion. If this is applicable to you, please see an officer or employee for a copy of the appropriate membership application?

- Dec. 7, 1941 to Dec. 31, 1946 (World War II)
- June 25, 1950 to Jan. 31, 1955 (Korean War)
- Feb. 28, 1961 to May 7, 1975 (Vietnam War)
- Aug. 24, 1982 to July 31, 1984 (Lebanon / Grenada)
- Dec. 20, 1989 to Jan. 31, 1990 (Panama)
- Aug. 2, 1990 to today (Gulf War / War On Terrorism)

Please provide your e-mail address (if you have one): \_\_\_\_\_

Are you interested in receiving e-mail notifications of special events (very infrequent) YES NO

**Please note: All persons requesting membership will be investigated and subjected to a Pennsylvania State Police background check. The fee for this background check is \$8 and must accompany this application along with a legible copy of valid state or military issued identification card bearing your current information. Background check fees are non-refundable.**

If accepted, by signing below, I hereby agree to comply with the Constitution, Rules, and Regulations of the Legion Post 304 Home Association:

\_\_\_\_\_  
(signature)

(The bottom portion to be completed by a sponsoring member and an employee/officer)

I, the undersigned, a member in good standing of the Legion Post #304 Home Association, believe the above applicant is worthy of membership in the Association:

Sponsored by: \_\_\_\_\_  
(Sign & Print)

Background check fee received by: \_\_\_\_\_  
(Initials)

Applicant has been investigated and voted upon by the Executive Committee and is:

Approved NOT Approved

Member No.: \_\_\_\_\_

Signature of The Secretary: \_\_\_\_\_

Remarks (if not approved):