

On-Line Download Mail-In Form - Post 177

Membership Application - Mail completed application to

The American Legion
Fairfax Post 177
Attn: Post 177 Membership
3939 Oak St. Fairfax Va. 22030

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: _____

Cell Phone: (_____) _____

e-mail Address: _____

Date of Birth: _____

My annual dues of \$45.00 are paid by: Credit Card at Post

Personal Check Money Order Cashiers Check

Transferring from Post no. _____, City _____, State _____

Membership # _____

Branch Of Service:

- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marines
- U.S. Coast Guard

I served from _____ to _____

If you have served federal active duty in the United States Armed Forces since December 7, 1941, and have been honorably discharged or are still serving - you are eligible for membership in The American Legion!

I certify that I have served at least one day of active military duty during the date(s) marked above and was honorably discharged or still serving honorably.

Signature of Applicant _____ Date: _____