



THE AMERICAN LEGION,

Department of Texas
South Houston Post 490
11702 Galveston Road
Houston, TX 77034

Membership Application Form

YES! I'll help my fellow veterans and community by becoming a member of The American Legion Post 490.

Name _____

Address _____

City, ST & Zip _____

Phone Number _____

Email address _____

Date of Birth / / _____ **Male** **Female**

How did you hear about us? _____

Recruited by: _____

My enclosed annual dues of \$45.00 are paid by: **Personal check** **Credit Card** **Cash**

Select Conflict:

Select Branch of Service:

My signature below certifies that I served at least one day of active military duty during the era marked above and was honorably discharged or I am still serving honorably. I will furnish a copy of my proof of Honorable Service (DD-214, orders, etc.) within 30 days to the Post Adjutant. All memberships are subject to approval by the Post membership.

Signature of Applicant: _____

Date: _____