

MEMBERSHIP

Name. _ _ _ _ _

Did you receive the Purple Heart? _ _ _ _ _

Address _ _ _ _ _
_ _ _ _ _
_ _ _ _ _

Phone number _ _ _ _ _

Birthday: _ _ _ _ _

Email Address: _ _ _ _ _

Branch of service _ _ _ _ _

Date(s) you entered service: _ _ _ _ Date(s) you were discharged: _ _ _ _

Highest rank you earned:-----Did you retire from military:_____

Transfer in

We will need your American Legion ID number. _ _ _ _ _

State you are transferring from ___ and the Post number _ _ _ _ _

If you get a bill from your last post do not pay send the bill and \$40 to **our adjutant. If you pay that bill you will be re-upping at your old post. Send the bill to our adjutant or call him.**

803 422 9486

William Chick
Phone: 803 422 9486
Email: litt.lechick@msn.com



