



**THE AMERICAN LEGION  
POST 300 COLUMBIA, MARYLAND**

**MEMBERSHIP APPLICATION FORM**

(Please use ink and print clearly using UPPERCASE letters)

Date:   
mm / dd / yyyy

NAME      
(First) (MI) (Last) (Suffix)

**Address:**

Line 1

Line 2

City  State  Zip Code

**Telephone #**  **E-MAIL Address:**

**War Era:** ( Mark the appropriate box with a check mark. If more than one applies, please mark only the earliest War Era served.)

- 4/6/17 - 11/11/18 (WWI)     12/7/41 - 12/31/46 (WWII)     6/25/50 - 1/31/55 (Korea)  
 2/28/61 - 5/7/75 (Vietnam)     8/24/82 - 7/31/84 (Grenada/Lebanon)     12/20/89 - 1/31/90 (Panama)  
 8/2/90 - Cessation of hostilities as determined by U.S. Govt. (Persian Gulf)

**BRANCH OF SERVICE:**  U. S. Air Force     U. S. Army     U. S. Coast Guard     U. S. Marine Corps     U. S. Navy

Signature – Post Adjutant

Signature – Applicant

*Mail to: Post 300  
c/o Edward Trumble  
8330-C Montgomery Run Rd.  
Ellicott City, MD 21043*

*Include a check for \$27.00 made out to American Legion Post 300 “Active duty personnel the Legion will pay for your first year”  
Include copy of your DD214 “Active duty personnel disregard this step”*