



Please return completed application to:
Shirley May
Women's Post 644
10070 Brookhill Dr.
Brookville, IN 47012

YES! I'll help my fellow women veterans by becoming a member of the Greater Cincinnati Women's Post 644 of The American Legion. I certify that I served at least one day of active military duty during the dates marked below and was honorably discharged or am still serving honorably. Please send me my current membership card.

- I have enclosed a check or money order for \$40.00.
- I have enclosed a copy of my DD-214 **or** federal activation orders (showing service under Title 10, subsection 672 or 12301).

Name _____

Address _____

City, State, Zip _____

Phone Number(s) _____

Birth Date _____

Email _____

Signature _____

Please check applicable "Dates of Service" and "Branch of Service"

Dates of Service	Branch of Service
<input type="checkbox"/> AUG 2, 1990—OPEN	<input type="checkbox"/> U.S. ARMY
<input type="checkbox"/> DEC. 20, 1989—JAN. 31, 1990	<input type="checkbox"/> U.S. NAVY
<input type="checkbox"/> AUG. 24, 1982—JUL. 31, 1984	<input type="checkbox"/> U.S. AIR FORCE
<input type="checkbox"/> FEB. 28, 1961—MAY 7, 1975	<input type="checkbox"/> U.S. MARINES
<input type="checkbox"/> JUNE 25, 1950—JAN. 31, 1955	<input type="checkbox"/> U.S. COAST GUARD
<input type="checkbox"/> DEC. 7, 1941—DEC. 31, 1946	
<input type="checkbox"/> APR. 6, 1917—NOV. 11, 1918	
<input type="checkbox"/> U.S. MERCHANT MARINE — DEC. 7, 1941—AUG. 15, 1945	

If transferring from another Post, please list the state and number of your previous Post, as well as your membership number:

Please tell us how/where you heard about the Greater Cincinnati Women's Post 644: