



The American Legion Cambria Post 432
 1000 Main Street
 P.O. Box 697
 Cambria, CA 93428
 Phone: (805) 400-4056
 email: info@legionpost432.com
 Website: www.legionpost432.com

MEMBERSHIP APPLICATION

- New Membership Transfer from another Post (Dept. & #) _____
 Renew Membership Change of Information (name, address, phone, etc.)

Date of Application: _____ Amount Enclosed: \$ _____ DD-214 Attached
 First Name: _____ MI: _____ Last Name: _____
 Spouse / Companion's Name: _____
 Mailing Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____ Occupation: _____
 Date of Birth: _____ Sex: Male Female

Military Information:

First Branch of Service Entered:

- Air Force Army Coast Guard USMC Navy Merchant Marine

Transfer Information: (Fill out if for transfer of membership only)

Legion Membership Number: _____ Post Name/Number: _____
 Membership Type: Annual PUFL Other: _____

Payment Information:

New member fee, including a uniform Legion cap and a plastic case, is \$120.
 Annual renewal dues are \$50 every year thereafter.

Membership Eligibility Criteria

To qualify for membership you must have served at least one day of active duty after 7 December '41

BUGLE Monthly Newsletter Information

The Bugle can be downloaded from www.legionpost432.com.

 Applicant's Signature

 Recruited by