



PALM VALLEY POST #233
560 N. WILDERNESS TRAIL
PONTE VEDRA BEACH, FL 32082
904.285.2484
www.al233fl.org
LEGION MEMBERSHIP APPLICATION



PRINT CLEARLY

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

DATE OF BIRTH (MM/DD/YEAR): ____/____/____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

PHONE: ____ - ____ - ____

EMAIL: _____

BRANCH OF SERVICE: _____

DATES OF SERVICE: _____

*Annual post dues in the amount of **\$50.00** must accompany this application.

If applicant is a transfer from another post please complete the following:

Post#: _____ **State:** _____ **AL Membership 9 digit #:** _____ **PUFL:** ____ (y/n)

** If dues for current year was paid to the above post, then no payment is required with this application.*

*I certify that I have served at least one day of active military duty since December 7, 1941,
and that I was honorably discharged or that I am currently still serving honorably.*

SIGNATURE: _____ **DATE:** ____/____/____

-----**FOR ADMINISTRATIVE USE ONLY**-----

***Dues paid by:** (check one) ____ (Cash) ____ (Credit Card) ____ (Check # _____)

Rec'd./processed by: _____