

**NATIONAL TWENTY AND FOUR  
THE HONOR SOCIETY OF WOMEN LEGIONNAIRES**



**APPLICATION FOR MEMBERSHIP**

\_\_\_\_\_  
APPLICANT'S NAME AMERICAN LEGION MEMBERSHIP NO.

\_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIPCODE

\_\_\_\_\_  
EMAIL ADDRESS HOME PHONE CELL PHONE

\_\_\_\_\_  
POST NAME / NUMBER / STATE CONTINUOUS YEARS IN LEGION

POSITIONS HELD IN THE AMERICAN LEGION: (elected offices, appointed committees, programs worked, etc)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
BRANCH OF SERVICE OCCUPATION IN SERVICE DATES SERVED

WHAT POSITIONS OR TASKS ARE YOU INTERESTED IN?

\_\_\_\_\_  
\_\_\_\_\_

MONTH AND DAY OF BIRTH: \_\_\_\_\_

I have been a member of The American Legion since \_\_\_\_\_. I promise to honor the other members of The Honor Society of Women Legionnaires and to so conduct myself in action and appearance to bring credit upon this Society.

I accept the invitation and enclose herewith \$\_\_\_\_\_ covering initiation fee and dues for the current year.

I agree to continue my activities in The American Legion. I further agree that should I become delinquent in my duties to The American Legion that I will cease to be a member of the Twenty and Four. I further promise and agree to surrender to the Aide of my Echelon all property or insignia belonging to the Honor Society of Women Legionnaires in my possession at that time and to remove all Twenty and Four insignia from my uniform.

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

\_\_\_\_\_  
EMERGENCY CONTACT NAME EMAIL ADDRESS PHONE NUMBER

**MAIL COMPLETED FORM TO:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_