

On-Line Download Mail-In Form - Lt. Owen Fish Memorial Post 143

Post 143 Membership Application - Mail completed application and a copy of your DD214 to:

Lt. Owen Fish Memorial Post 143, The American Legion Attn: Post 143 Membership
1443 Stratfield Road P.O Box 1084 S.M.S Fairfield, CT 06825

Please print and complete the appropriate entries:

First Name: _____ Middle Initial: ____ Last Name: _____

Mailing Address: _____

City/State/Zip: _____ Phone No: _____

Occupation: _____ Business Address: _____

Birth Date (Month/Day/Year): _____ Place of Birth: _____ Serial/Service#: _____

Were you wounded(Y/N): _____

Date of Enlistment: ____/____/____ Enlisted at: _____ Date of Discharge: ____/____/____

Discharged at: _____ Character of discharge: _____

Eligibility Dates:

- August 2, 1990 - Open Persian Gulf War
- Dec. 20, 1989 - Jan. 31, 1990 Panama
- Aug. 24, 1982 - Jul. 31, 1984 Grenada/Lebanon
- Feb. 28, 1961 - May 7, 1975 Vietnam War
- June 25, 1950 - Jan. 31, 1955 Korean War
- Dec. 7, 1941 - Dec. 31, 1946 World War II
- Apr. 6, 1917 - Nov. 11, 1918 World War I

Branch Of Service:

- U.S.Army
- U.S.Navy
- U.S.Air Force
- U.S.Marines
- U.S.Coast Guard

I certify that I have served at least one day of active military duty during the date(s) marked above and was honorably discharged or still serving honorably.

Signature of Applicant _____ Date: _____

→ Below is for American Legion Post 143 use ONLY ←

Application turned in by: _____ Discharge inspected by: _____

Application elected/rejected at Post 143 meeting on (Month/Day/Year): ____/____/____

Dues accepted by: _____ First Card No. _____ Dues to Dept. HQ on: _____

Signatures: Finance Officer: _____ Adjutant: _____

Commander: _____