



紐約華裔美國退伍軍人會

THE AMERICAN LEGION

Lt. B. R. Kimlau Chinese Memorial Post 1291

DEPARTMENT OF NEW YORK

191 – 193 CANAL STREET
NEW YORK, N. Y. 10013
(212) 925 – 5528
Fax : (212) 925-1436

Membership Application

Date : _____

Name of Applicant : _____

First

Middle

Last

Address : _____

Street Name

City

State

Zip Code

Home Phone : _____ Business Phone : _____

Email Address : _____

Occupation : _____

Chinese Name : _____ Date of birth : _____

Spouse / NOK : _____ Relationship : _____

Branch of Service : _____ Honorable Discharge : Yes / No

Service Period : _____

Date of Enlistment

Date of Separation

Service Number : _____ SSN : _____

Recommended By : _____

Signature : _____ Date : _____

Dues Paid : \$ _____ Receipt # : _____