



# 紐約華裔美國退伍軍人會

The Lt. B. R. Kimlau Chinese Memorial Post 1291  
OF THE AMERICAN LEGION,  
DEPARTMENT OF NEW YORK, INC.

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 : \_\_\_\_\_ Cell or 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 # : \_\_\_\_\_