




APPLICATION For MEMBERSHIP	POLISH LEGION of AMERICAN Veterans, U.S.A. National Headquarters – PO Box 42024 Washington DC 20015	
Name _____	Date _____	
Mailing Address _____	Post # _____	
City, State, ZIP _____	Dues _____	
Phone _____	Member Type _____	
Name of Spouse _____		
Branch of Service _____		
Service Date From _____ To _____		
Sponsor _____		
Signature _____		

 <i>Unity with Heritage</i>	Polish Legion of American Veterans – USA Chartered by Act of Congress	20____
Name _____		
is a member of _____		
Post _____		
Department _____		
Sponsor Signature _____		

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