



American Legion Kiltonic Post 72  
New Member Application

Name:

Address:

City:

State:

Zip:

Phone:

E-Mail:

Date of Birth:

Gender:

Branch of Service:

Service Dates:

X

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Please sign the document, include a copy of your DD-214 (With your SSN blacked out for security) and your dues for \$40. Drop it off at the post (64 Main Street, Southington) or mail it to: American Legion Attn: Membership PO Box 217 Southington, CT 06489. You can also submit this application online at [www.kiltonicpost72.org](http://www.kiltonicpost72.org)