



American Legion Riders Post 363

Flags & Pole Application

Veteran's Information

Full Name: _____ Age: _____
Last First M.I.

Address: _____
Street Address (Must be where flagpole will be installed)

City State ZIP Code

Phone: _____ Email: _____

Service Branch: _____ Rank at separation: _____ Total Time Served: _____
(i.e.: E4 or O5) Yrs/Mo

Service Dates: _____
Please list all if not consecutive

Are you a member of the American Legion? YES NO Do you own or rent your home? Own Rent
Post # _____
Membership # _____

A member of Sons of the American Legion? Post # _____ YES NO Landlord Name and Address: _____
Membership # _____

A member of the American Legion Riders? Post # _____ YES NO

If married, is spouse a member of the American Legion Auxiliary? YES NO Phone #: _____

A member of AmVets? YES NO A member of the VFW? YES NO

A Combat Veteran? YES NO A Purple Heart or Congressional Medal of Honor recipient? PH CMH

Nominators Information

Full Name: _____
First M.I. Last

PH. # (____) _____ - _____ Email: _____

Relationship to Veteran: _____ Is the veteran aware of his/her nomination? YES NO