

The Department of Washington Legion College



**Student Application
September 10-12, 2010
Bothell, Washington**

Section one - Personnel information

Last Name: _____ First: _____ MI: _____
Address: _____ Phone: _____
City: _____ State: WA Zip: _____
Email Address: _____

Section two - Military and American Legion service

Branch(es) of service: _____ Years in Military: _____
Wartime Era: _____
American Legion Post/Unit/Squadron: _____ Dept: WA Membership ID: _____
TAL/ALA/SAL offices previously or currently held: _____

The American Legion Extension Course, completion date: Month _____ Year _____

FOR DEPARTMENT USE: Mail to: The American Legion, Department Legion College,
P. O. Box 3917, Lacey, Washington 98509-3917 no later than July 1, 2010.