

# American Legion Post 435 CMP Club Membership Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Are you a current American Legion Post 435 Gun Club Member?

Yes  No  If Yes, Gate Card# \_\_\_\_\_

Make check payable to: Post 435 CMP Club

\$10 If you're a Post 435 Gun Club Member

\$30 Non Post 435 Gun Club member

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**Post 435 CMP Dues are for the calendar year January through December.**

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Please print and mail this entire form to:

Post 435 CMP Club  
1166 Hall Ave.  
W. St. Paul, MN. 55118