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Legionnaire Insurance Trust Form
Free Accidental Death and Dismemberment Insurance

First Name	Middle Initial	Last Name

Mailing Address:

(Street or P.O. Box) (Town) (State) (Zip Code)

Date of Birth: (Month Day Year)

Legion Membership Number:

Email Address:

Gender (Male or Female):

Please Mail Form to:
The American Legion, Department of Maine
Attn: Mona Naragon
5 Verti Drive, Winslow, ME 04901-0727