



American Legion Department
of Pennsylvania
Post-Gulf War Veterans Survey

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

BRANCH OF SERVICE: ARMY _____ NAVY _____ MARINES _____ AIR FORCE _____

SPACE FORCE _____ COAST GUARD _____

COMPONENT: ACTIVE DUTY _____ RESERVES _____ NATIONAL GUARD _____

DATES OF SERVICE: _____

DO YOU BELONG TO A VETERAN'S ORGANIZATION: YES _____ NO _____

IF SO, WHICH ONES (I.E. The American Legion, VFW, AMVETS) _____

IF YOU HAVE NEVER JOINED A VETERAN'S ORGANIZATION, WHY? _____

WHAT PROGRAMS OR SERVICES COULD THE AMERICAN LEGION OFFER YOU THAT WOULD
CAUSE YOU TO THINK ABOUT JOINING? _____

HAVE YOU OR ARE YOU THINKING ABOUT FILING A VA CLAIM? _____ YES _____ NO

ARE YOU AWARE OF THE AMERICAN LEGION SERVICE OFFICER PROGRAM THAT CAN ASSIST
YOU IN FILING YOUR VA CLAIM? _____ YES _____ NO

WOULD YOU LIKE TO BE CONTACTED BY A SERVICE OFFICER? _____ YES _____ NO

WOULD YOU LIKE TO BE CONTACTED ABOUT THE AMERICAN LEGION AND HOW IT BENEFITS
VETERANS? _____ YES _____ NO