



American Legion Auxiliary MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name _____ (First) _____ (M.I.) _____ (Last)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail Address _____

_____ / _____ / _____ Birth - 17 18 and over

Date of Birth (Required) _____ Unit # _____ Location _____ / _____ / _____

Signature of Applicant (or legal guardian if under 18) _____ Date _____

ELIGIBILITY INFORMATION

Eligible Through-Name of Veteran (if living, must be Legion member) _____ American Legion Member ID Number _____ Living Deceased

Veteran's American Legion Post Name _____ Post # _____ City _____ State _____

Veteran Served: (check all that apply)

WWI (4/6/17-11/11/18) WWII (12/7/41-12/31/46) Merchant Marines (12/7/41-12/31/46)

Korea (6/25/50-1/31/55) Vietnam (2/28/61-5/7/75) Lebanon/Grenada (8/24/82-7/31/84)

Panama (12/20/89-1/31/90) Gulf War/War on Terrorism (8/2/90 to today)

Applicant's Relationship to the Veteran: (Step relatives are eligible)

Mother Wife Daughter Sister

Grandmother Granddaughter Great-Granddaughter Self

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged or is still serving honorably.

_____ / _____ / _____

Post Adjutant/Officer Membership Verification _____ Date _____

For Veteran's DD214 Discharge Papers: <http://www.archives.gov/veterans/military-service-records>

HELP US GET YOU CONNECTED!

I am interested in learning more about:

Paid-Up-For-Life Membership Scholarships Fundraising

Volunteering for Veterans Community Service Member Discounts and Services

Education Activities Auxiliary Emergency Fund Activities to Support Active Duty Military and Families

Youth Activities Local Unit Activities Other _____

Recruiter's Name _____ Unit/Post # _____ City _____ State _____

Please contact the following individual(s) about volunteering or joining the American Legion Auxiliary:

Name _____ Phone _____ E-mail _____

Name _____ Phone _____ E-mail _____

Name _____ Phone _____ E-mail _____

Mail completed applications to your department state headquarters.
Annual dues must accompany completed application. Ask local contact for amount due.
 For current department address go to: http://www.ALForVeterans.org/contact/state_headquarters/