



# American Legion Auxiliary MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last)

Address \_\_\_\_\_

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

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Birth - 17  18 and over

Date of Birth (Required for 18 & under) \_\_\_\_\_ 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 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 Marine (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 Membership Verification \_\_\_\_\_ Date \_\_\_\_\_

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

## 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/](http://www.ALForVeterans.org/contact/state_headquarters/)