



American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Please print in black ink only.

Applicant Information

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

Address

City State Zip

Phone (Work) (Home)

E-mail address Date of Birth

Senior (over 18)

Junior (birth - 18)

Unit Number & Location

Signature of Applicant (or legal guardian if Junior member) Date

Eligibility Information

Name of Veteran Eligible Through

American Legion Post Post # City State

Legion Member ID Number Veteran: Living Deceased

Veteran served in:

WWI (4/6/17-11/11/18)

Merchant Marines (12/7/41-8/15/45 Only)

Vietnam (2/28/61-5/7/75)

Panama (12/20/89-1/31/90)

WWII (12/7/41-12/31/46)

Korea (6/25/50-1/31/55)

Grenada/Lebanon (8/24/82-7/31/84)

Persian Gulf War (8/2/90 until cessation of hostilities as determined by the US Government)

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

Mother

Daughter

Granddaughter

Grandmother

Wife

Sister

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 Officer Membership Verification Date

Or Unit Secretary's Verification for Female Veterans Only



Mail Completed Applications to Your Department Headquarters!

I am interested in learning more about the following:

Paid-Up-For-Life Membership (VIM)

Volunteering at a VA Medical Center

Participating in Education Activities

Working with Young People

Scholarships

Community Volunteerism / Assistance

Auxiliary Emergency Fund

Helping with Unit Activities

Fundraising

Member Benefits

Other _____

Recruiter's Name

Unit/Post #

City

State

The following individual(s) might also be interested in joining or volunteering.

Please contact: _____ Phone # _____

_____ Phone # _____

_____ Phone # _____