



# American Legion Auxiliary

World's largest women's patriotic service organization

## MEMBERSHIP APPLICATION

### APPLICANT INFORMATION

Name (First)	(M.I.)	(Last)
Address		
City	State	Zip
Home Phone	Cell Phone	Email Address
/ /	<input type="checkbox"/> Birth - 17 <input type="checkbox"/> 18 and over	Unit #
Date of Birth (Required)		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	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Veteran's American Legion Post Name	Post #	City
		State
Veteran Served: (check all that apply)		
<input type="checkbox"/> WWI (48/17-11/11/18)	<input type="checkbox"/> WWII (12/7/41-12/31/46)	<input type="checkbox"/> Merchant Marines (12/7/41-12/31/46)
<input type="checkbox"/> Korea (8/25/50-1/31/55)	<input type="checkbox"/> Vietnam (2/28/61-5/7/75)	<input type="checkbox"/> Lebanon/Grenada (8/24/82-7/31/84)
<input type="checkbox"/> Panama (1/20/89-1/31/90)	<input type="checkbox"/> Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)	
Applicant's Relationship to the Veteran:		
<input type="checkbox"/> Mother	<input type="checkbox"/> Wife	<input type="checkbox"/> Daughter
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Great-Granddaughter
		<input type="checkbox"/> Sister
		<input type="checkbox"/> Self
Have you been a member previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		/ /
For Veteran's DD214 Discharge Papers: <a href="http://www.archives.gov/veterans/military-service-records">http://www.archives.gov/veterans/military-service-records</a>		Date

### HELP US GET YOU CONNECTED!

I am interested in learning more about:		
<input type="checkbox"/> Paid Up For Life Membership	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Volunteering for Veterans	<input type="checkbox"/> Community Service	<input type="checkbox"/> Member Discounts and Services
<input type="checkbox"/> Education Activities	<input type="checkbox"/> Auxiliary Emergency Fund	<input type="checkbox"/> Activities to Support Active-Duty Military and Families
<input type="checkbox"/> Youth Activities	<input type="checkbox"/> Local Unit Activities	<input type="checkbox"/> Other _____
Recruiter's Name	Unit/Post #	City
		State
Please contact the following individual(s) about volunteering or joining the American Legion Auxiliary:		
Name	Phone	Email
Name	Phone	Email
Name	Phone	Email

Mail completed application to American Legion Auxiliary department/state headquarters.  
Annual dues must accompany completed application. Ask local contact for amount due. For current department address go to:  
[www.ALforVeterans.org](http://www.ALforVeterans.org) and click Join. Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine.  
**Membership pending approval of application.**