



# 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 \_\_\_\_\_

/ / ☐ 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 until cessation of hostilities)

**Applicant's Relationship to the Veteran:**

☐ Mother ☐ Wife ☐ Daughter ☐ Sister

☐ Grandmother ☐ Granddaughter ☐ Great-Granddaughter ☐ Self

Have you been a member previously? ☐ Yes ☐ 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 \_\_\_\_\_ / / \_\_\_\_\_ 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:

- |  |   |  |
|--|---|--|
| <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.ALAforVeterans.org](http://www.ALAforVeterans.org) and click Join. Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine.

**Membership pending approval of application.**

12/2015