



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 _____

_____/_____/_____
Date of Birth (Required) ☐ Birth - 17 ☐ 18 and over Unit # _____ Location _____

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

I hereby subscribe to the Constitution of the Auxiliary of the American Legion, apply for membership, and transmit annual membership dues.

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) ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ Merchant Marines

☐ 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 ☐ Grandmother ☐ Sister ☐ Self
☐ Direct Descendant (daughter, granddaughter, great granddaughter, etc.)

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 _____ 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