



American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Please print in black ink only.

Applicant Information

Eligibility 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

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

Thank you for Supporting the American Legion Auxiliary!



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 # _____