



# 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  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:**

Paid Up For Life Membership  Scholarships  Fundraising

Volunteering for Veterans  Community Service  Member Discounts and Services

Education Activities  Auxiliary Emergency Fund  Activities to Support Active-Duty Military and Families

Youth Activities  Local Unit Activities  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.**

04/2017

Annual dues must accompany completed application. Ask local contact for amount due. For current department address go to:

[www.ALforVeterans.org/About/Department-State-Headquarters](http://www.ALforVeterans.org/About/Department-State-Headquarters). Dues include a yearly non-refundable allocation of \$3.40 for *American Legion Auxiliary* magazine.

**Membership pending approval of application.**