



American Legion Auxiliary

APPLICATION FOR MEMBERSHIP

Please type or print

Applicant's Full Name _____

(First)

(MI)

(Last)

(Date of Birth)

Senior (over 18)

Junior (birth - 18)

(Mailing Address)

(Work/Home Phone Number(s))

(City)

(State)

(ZIP)

(Unit Number & Location)

I am eligible for membership through the military service of _____

(Full Name)

Living

He/She is a member of:

Deceased

(American Legion Post)

(Post #)

(City)

(State)

The veteran, Living or Deceased, served in:

WWI (4/6/17 - 11/11/18)

Vietnam (2/28/61 - 5/7/75)

WWII (12/7/41 - 12/31/46)

Grenada/Lebanon (8/24/82 - 7/31/84)

Merchant Marines (12/7/41 - 8/15/45 only)

Panama (12/20/89 - 1/31/90)

Korea (6/25/50 - 1/31/55)

Persian Gulf War (8/2/90 to cessation of hostilities)

Applicant's Relationship to the Veteran: (Step relatives are eligible)

Mother

Grandmother

Wife

Granddaughter

Sister

Great-Granddaughter

Daughter

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.

Signature of Applicant: _____

Date: _____

Post Officer Membership Verification _____

Date: _____

or Unit Secretary's Verification for Female Veterans Only

For Mail-In Applicants only:

Dues Paid: \$ _____

Payment Method:

Check

MasterCard

Acct # _____

Exp. Date ____ / ____

Money Order

Visa

Signature _____

Date _____

I am interested in learning more about the following:

___ Volunteering at a VA Medical Center

___ Helping with Unit activities

___ Working with young people

___ Scholarships

___ Participating in Education activities

___ Community Volunteerism/Assistance

___ Paid up for Life Membership (VIM)

___ Member Benefits

___ Auxiliary Emergency Fund

___ Fund-Raising

Other: _____

(Recruiter's Name)

(Unit/Post #)

(City)

(State)

The following individual(s) might also be interested in helping:

Please Contact: _____

Phone # _____

Phone # _____