



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

ELIGIBILITY INFORMATION

Name (First) (M.I.) (Last)

Address

City State Zip

Home Phone Cell Phone

Email Address Unit # and Location

Date of Birth (Required) Birth - 17 18 and over

Have you been a member previously? Yes No

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

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.ALforVeterans.org/contact/state_headquarters. Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine. **Membership pending approval of application.**

Living Deceased

Eligible Through-Name of Veteran (if living, must be American Legion member)

American Legion Member ID Number

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

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 ALA 12/2013 Date



DUES RECEIPT (Please Print)

Date _____

Received From _____

\$ _____ for 20 _____ Dues

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____