



American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Applicant Information

Please print in black ink only.

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) WWII (12/7/41-12/31/46)
 Merchant Marines (12/7/41-8/15/45 Only) Korea (6/25/50-1/31/55)
 Vietnam (2/28/61-5/7/75) Guadalcanal (8/24/82-7/31/84)
 Panama (12/20/89-1/31/90) 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 # _____