



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 Or Unit Secretary's Verification for Female Veterans Only Date