



American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Please print in black ink only.

Applicant Information

Eligibility Information

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

Name of Veteran Eligible Through

Address

American Legion Post Post # City State

City State Zip

Legion Member ID Number Veteran: Living Deceased

Phone (Work) (Home)

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 (6/25/50-1/31/53)
 Vietnam (2/28/61-5/7/75) Grenada/Lebanon (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)

E-mail address Date of Birth

Applicant's Relationship to the Veteran: (Step relatives are eligible)
 Mother Daughter Granddaughter Grandmother
 Wife Sister Great-Granddaughter Self

Unit Number & Location Senior (over 18) Junior (birth - 18)

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 (or legal guardian if Junior member) Date

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 # _____