



# THE AMERICAN LEGION - MEMBERSHIP APPLICATION

Groves-Walker Post 346 21023 Farmington Rd. Farmington Hills, MI 48336

Name \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ (Last) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_  
 \_\_\_\_\_ (Phone) \_\_\_\_\_ (Email) \_\_\_\_\_ ☐ Male ☐ Female 346 \$60  
 (Gender) (Post #) (Dues)

☐ I certify that I served at least one day of active military duty since December 7, 1941 and was honorably discharged or am still serving honorably.

**Please check appropriate eligibility era and branch of service below:**

- |   |   |
|---|---|
| <input type="checkbox"/> Global War on Terror | <input type="checkbox"/> U.S. Army                    |
| <input type="checkbox"/> Gulf War             | <input type="checkbox"/> U.S. Navy                    |
| <input type="checkbox"/> Panama               | <input type="checkbox"/> U.S. Air Force               |
| <input type="checkbox"/> Lebanon/Grenada      | <input type="checkbox"/> U.S. Marines                 |
| <input type="checkbox"/> Vietnam              | <input type="checkbox"/> U.S. Coast Guard             |
| <input type="checkbox"/> Korea                | <input type="checkbox"/> Merchant Marines (WWII only) |
| <input type="checkbox"/> WWII                 |   |
| <input type="checkbox"/> Other Conflicts      |   |

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Name of Recruiter \_\_\_\_\_

Mail completed application to The American Legion National Headquarters, Attn: Internal Affairs. Annual dues must accompany completed application.  
 For current department/state address, go to [www.legion.org](http://www.legion.org).



## DUES RECEIPT (Please Print)

\_\_\_\_\_  
Date  
 \_\_\_\_\_  
Received From  
 \$ \_\_\_\_\_ for 20 \_\_\_\_ Dues  
 \_\_\_\_\_  
Recruiter's Name  
 \_\_\_\_\_  
Recruiter's Signature  
 \_\_\_\_\_  
Recruiter's Phone #



# SONS OF THE AMERICAN LEGION - MEMBERSHIP APPLICATION

Groves-Walker Squadron 346 21023 Farmington Rd. Farmington Hills, MI 48336

Date \_\_\_\_\_ Detachment of Michigan Squadron No. 346 Birth Date \_\_\_\_\_  
 Name \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ (Last) Recruited by \_\_\_\_\_ (Initial) \_\_\_\_\_ (Last)  
 Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP)  
 Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Veteran through whom eligibility is established \_\_\_\_\_

(a) Above is a member in good standing of Post No. \_\_\_\_\_ Department of \_\_\_\_\_

OR (b) Above is a deceased veteran who served honorably from \_\_\_\_\_ to \_\_\_\_\_

(c) Relationship of Applicant to Veteran \_\_\_\_\_

Has Applicant previously been a member of the SAL? \_\_\_\_\_ Where? \_\_\_\_\_

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and transmit \$30 (\$15 under age 18) for 20 \_\_\_\_ annual membership dues

Signed By Applicant (or Parent) \_\_\_\_\_ Eligibility certified by \_\_\_\_\_

Mail completed application to Sons of The American Legion department/state headquarters. Annual dues must accompany completed application.  
 For current detachment address, go to The American Legion department/state headquarters, or visit [www.legion.org](http://www.legion.org).



## DUES RECEIPT (Please Print)

\_\_\_\_\_  
Date  
 \_\_\_\_\_  
Received From  
 \$ \_\_\_\_\_ for 20 \_\_\_\_ Dues  
 346  
Squadron No.  
 Michigan  
Department of



# AMERICAN LEGION AUXILIARY - MEMBERSHIP APPLICATION

Groves-Walker Unit 346 21023 Farmington Rd. Farmington Hills, MI 48336

## APPLICANT INFORMATION

Full Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Unit # and Location \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date of Birth (Required) Birth - 17 \$15 18 and over \$50  
 Membership dues per year  
 Have you been a member previously? ☐ Yes ☐ No (If yes, fill in below, if known.)  
 Previous Unit City/State: \_\_\_\_\_ ALA ID#: \_\_\_\_\_  
 Signature of Applicant (or legal guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

## ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) \_\_\_\_\_

If Living: American Legion Member ID # \_\_\_\_\_ Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

☐ Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)

### Veteran Served:

☐ WWI (4/6/1917-11/11/1918)

☐ Anytime After 12/7/1941 (check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Global War on Terror | <input type="checkbox"/> Lebanon/Grenada | <input type="checkbox"/> WWII            |
| <input type="checkbox"/> Gulf War             | <input type="checkbox"/> Vietnam         | <input type="checkbox"/> Other Conflicts |
| <input type="checkbox"/> Panama               | <input type="checkbox"/> Korea           |  |

### Applicant's Relationship to the Veteran:

- |                                      |  |                                 |
|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Male Spouse | <input type="checkbox"/> Female Spouse | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Sister        | <input type="checkbox"/> Self   |
| <input type="checkbox"/> Daughter    | <input type="checkbox"/> Granddaughter |                                 |

### To Be Completed By The American Legion Post Adjutant/Officer

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 \_\_\_\_\_

\_\_\_\_\_  
Date



## DUES RECEIPT (Please Print)

\_\_\_\_\_  
Date  
 \_\_\_\_\_  
Received From  
 \$ \_\_\_\_\_ for 20 \_\_\_\_ Dues  
 \_\_\_\_\_  
Recruiter's Name  
 \_\_\_\_\_  
Recruiter's Signature  
 \_\_\_\_\_  
Recruiter's Phone #

Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at 317-569-4500 for assistance. Annual dues must accompany completed application. Membership pending approval of application.

GW01/2022