

Membership Processing Instructions

Rules as of June 2024

Membership Application

1. Applicant Information needs to be filled out completely.
2. Eligibility Information needs to include the name of the veteran that Auxiliary member is signing up under. If living, include their American Legion Member ID#, Post #, City and State of Post.
3. If deceased, put a mark in the box.
4. Mark where veteran served (i.e. WWII, Korea, Vietnam, etc.). Mark only one era of service.
5. Mark applicants' relationship to veteran (i.e. daughter, spouse, granddaughter, etc.).
6. Application must be signed and dated by the Applicant at the top of form and Post Adjutant towards the bottom.
7. **If the application is not filled out completely or it's not legible, it will be returned to the Unit.**
8. Send original application to Department and make copy for Unit. Membership form copies must be kept by the Unit indefinitely.
9. **Do not mail into Department any DD214 or other verification of service, membership cards, or receipts for dues paid at the Unit.**
10. See examples of Membership Applications on the next page.



American Legion Auxiliary MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name CANDY (First) L (M.I.) NICE (Last)

Address 555 Upstreet

City Phoenix State AZ ZIP 85555

Home Phone 480-222-2222 Cell Phone _____ Email Address CANDYNICE17@PHX.NET

Date of Birth (Required) 01/01/2008 Birth - 17 18 and over Unit # _____ Location _____

Have you been a member previously? Yes No (If yes, fill in below.)

Previous Unit City/State _____ ALA ID # (if known) _____

Signature of Applicant (or legal guardian if under 18) Mary Nice Date 6/4/2024

ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) DON BUTLER

If Living: American Legion Member ID # _____ Post # _____ City _____ State _____

Deceased—If veteran is deceased, contact ALA unit about the necessary military records.
For Veteran's DD214 Discharge Papers: www.archives.gov/veterans/military-service-records

Veteran Served:

WWI (4/6/1917-11/11/1918)

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

Global War on Terror Panama Vietnam WWII

Gulf War Lebanon/Grenada Korea Other Conflicts

Applicant's Relationship to the Veteran:

Male Spouse Female Spouse Mother Grandmother Sister Self

Daughter 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 Nike Post Date 6/4/2024

HELP US GET YOU CONNECTED!

I am interested in learning more about:

Volunteering for Veterans, Military, and Their Families

Youth Activities, Including ALA Girls State, Junior Member Programs, and Scholarships

Member Discounts and Services

Other

Please contact the following individual about volunteering or joining the American Legion Auxiliary:

Name _____	Phone _____	Email _____
Name _____	Phone _____	Email _____
Name _____	Phone _____	Email _____

Recruiter's Name _____ Unit/Post # _____ City _____ State _____

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. Ask local contact for amount due. *Membership pending approval of application.*

Instructions For Membership Transmittal Form

1. Fill out Unit #, Transmittal # (1, 2, 3, etc.), and check number at the top of page.
2. Fill out each line for each member.
3. Mark if Renewal (Ren), New (New), Rejoin (Rej) or Transfer (Tran). Members that have not renewed for two years or more are considered a rejoin.
4. Mark if member is S (Senior), or Jr (Junior).
5. Check if member is a New Female Veteran.
6. Mark what year dues are being paid for.
7. Past dues cannot be paid unless the current year is paid for first.
8. **NOTE: Do not list Paid On Line (POL) or Paid Up For Life (PUFL) on Transmittal Forms. You will only list those members you will be paying for.**
9. Make a copy of the completed form for Unit's records.
10. Forms can be found on aladeptaz.org.
11. See example of form on following page.

ALA DEPT OF AZ MEMBERSHIP TRANSMITTAL

UNIT # 212

Transmittal # 11

Check # 1234

	ID#	Last Name	First Name	MI	Ren New Rej	S/Jr	New Female Vet	2025	2024	2023
1	222222222	NICE	MART	S	REN	S			X	
2		NICE	CANDY	L	NEW	JR			X	
3		FIELDS	NANCY	M	NEW	S	X		X	
4	111111111	PARTY	ANN		TRAN	S			X	
5										
6										
7										
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Instructions For 3 copy Transmittal Form

1. Mark the Dues Transmittal Form # (1, 2, 3 etc.). Be sure to number in sequence.
2. Indicate the date and list the Unit #.
3. Indicate the year/years of membership dues being paid for.
4. List the amount enclosed on the check.
5. **Dues are \$25 for Seniors and \$4 for Juniors for 2024 and 2025 dues.**
6. If dues are for previous years, call the Department to find out amount of dues.
7. List the number of senior and junior that are on transmittal form.
8. Indicate total membership on this transmittal.
9. **Do not use credits. Any credits due to Units will be paid on a monthly basis by the Department.**
10. List total membership previously paid before.
11. Add up total membership. **Note: This total is only those the Unit has paid for. It does not include Paid On Line or Paid Up For Life.**
12. Sign and place the phone number of person processing membership.
13. After completing the form, keep the pink part of form.
14. After Department completes membership processing, the yellow part of form and a new transmittal form will be mailed to the Unit.
15. See example of form on the next page.

Goal 200
% 100

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF ARIZONA
TRANSMITTAL FORM**

DUES TRANSMITTAL # 11 DATE 6/4/24 UNIT # 212
ENCLOSED FOR MEMBERSHIP YEAR 2024 # OF SR. 3 # OF JR. 1 AMOUNT ENCLOSED \$ 79.00
TOTAL MEMBERSHIP ON THIS TRANSMITTAL 4 CREDIT USED _____
TOTAL MEMBERSHIP PREVIOUSLY PAID 196 TOTAL \$ 79.00
TOTAL MEMBER 200

Sally Mc
SIGNATURE
999-999-9999
DAYTIME PHONE NUMBER

DEPARTMENT USE ONLY		
Card Count	Sr. _____	Jr. _____
Over	CK# _____	\$ _____
Short	CK# _____	\$ _____
NEW WOMEN VETERANS _____		

Memo:

WHITE DEPARTMENT COPY - YELLOW (WILL BE RETURNED TO UNIT) - PINK UNIT COPY

Instructions For Member Data Form

1. The Member Data Form is used to report name changes, address changes, Unit transfers, any corrections, and deceased members.
2. The Member Id#, complete name, address, and Unit number is required on form.
3. Make a copy of the form for Unit's records.
4. See example of form on next page.

The following information pertains to transfers:

1. A member who is not subject to suspension or membership revocation under the principle of fundamental fairness which includes notice and an opportunity to be heard is eligible to transfer membership to another Unit if the member has paid membership dues to the current Unit for either the current year or immediate past membership year. A member transferring to a new Unit must pay current year dues to either the current Unit or to the Unit into which the member wishes to transfer.
2. No dues will be transferred from one Unit to another.
3. Previous Unit #, Department, and signature of member need to be completed. New Unit#, Department, and signature of new Unit Officer is required.



AMERICAN LEGION AUXILIARY

MEMBER DATA FORM

Member ID# 111 111 111
(Required for all changes)

Date 6/4/24

Name ANN PARTY

ARIZONA Unit # 212 District # 20

200 E. RIVER

SR JR DECEASED, date of death / /

LOS ANGELES, CA 43215

PUFL Honorary Life Member

CORRECTIONS	
Old Information	New Information
Name _____	Name _____
Former Address _____	New Address _____
Former City _____	New City _____
Former State _____ Zip _____	New State _____ Zip _____
Former Telephone # (____) _____	New Telephone # (____) _____
Email Address _____	Email Address _____

UNIT TRANSFERS	
PREVIOUS Unit # <u>012</u> Department <u>CA</u>	NEW Unit # <u>212</u> Department <u>AZ</u>
<u>Ann Party</u> Signature - Member (Required)	<u>Sally Me</u> Signature - New Unit Officer (Required)

ADDITIONAL INFORMATION

Continuous Years of Membership _____ for _____ (Paid Years)

Comments or Notes:

Completing Membership:

Make sure all of the following are mailed in to Department to complete membership:

1. Transmittal Form, 3 copy Transmittal Form, Member Data Form (if applicable), Membership Application Forms (If applicable), and check for dues. Dues are \$25 for Seniors and \$4 for Juniors.
2. After completed by the Department, the yellow copy of the 3 copy Transmittal Form and a new one will be sent back to the Unit.
3. **Remember: If anything is missing or incomplete that is sent to the Department, it will be returned to the Unit with a letter explaining what needs to be corrected or included.**
4. **Do not mail into Department any DD214 or other verification of service, membership cards, or receipts for dues paid at the Unit.**
5. If you have any questions, call the Auxiliary Department at 602-241-1080.

**American Legion Auxiliary
Department of Arizona
4701 N. 19th Ave., Suite 100
Phoenix, AZ 85015**