



# American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Please print in black ink only.

## Applicant Information

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

Name of Veteran Eligible Through \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_

American Legion Post \_\_\_\_\_ Post # \_\_\_\_\_ City \_\_\_\_\_

Legion Member ID Number \_\_\_\_\_ Veteran:  Living  Deceased

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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)

E-mail address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Senior (over 18)  
 Junior (birth - 18)

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

Unit Number & Location \_\_\_\_\_

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 \_\_\_\_\_  
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)
- Scholarships
- Fundraising
- Volunteering at a VA Medical Center
- Community Volunteerism / Assistance
- Member Benefits
- Participating in Education Activities
- Auxiliary Emergency Fund
- Other \_\_\_\_\_
- Working with Young People
- Helping with Unit Activities

Recruiter's Name \_\_\_\_\_ Unit/Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

The following individual(s) might also be interested in joining or volunteering.

Please contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_