



THE AMERICAN LEGION – MEMBERSHIP APPLICATION

American Legion Groves-Walker Post 346 31775 Grand River Ave. Farmington, MI www.AmericanLegionPost346.org



DUES RECEIPT (Please Print)

Name _____ (First) _____ (Initial) _____ (Last) _____ (Phone) _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

_____ (Membership ID# Former Member) _____ (Email) _____ (Post #) _____ (Date)

Please check appropriate eligibility dates and branch of service below:

- WWI (4/6/17-11/11/18)
- WWII (12/7/41-12/31/46)
- Korea (6/25/50-1/31/55)
- Vietnam (2/28/61-5/7/75)
- Lebanon/Grenada (8/24/82-7/31/84)
- Panama (12/20/89-1/31/90)
- Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)
- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marines
- U.S. Coast Guard
- Merchant Marines (12/7/41-12/31/46 - Only Eligibility)

I certify that I served at least one day of active military duty during the dates marked above and was honorably discharged or am still serving honorably.

Signed By Applicant _____ Name of Recruiter _____

Mail completed application to The American Legion National Headquarters, Attn: Internal Affairs. Annual dues must accompany completed application. Ask local contact for amount due. For current department address, go to www.legion.org.

ALA 12/2013

_____ Date

_____ Received From

\$ 50.00 for 20____ Dues

_____ Recruiter's Name

_____ Recruiter's Signature

_____ Recruiter's Phone #



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Sons of the American Legion Groves-Walker Squadron 346 31775 Grand River Ave. Farmington, MI www.AmericanLegionPost346.org



DUES RECEIPT (Please Print)

Date _____

Detachment of Michigan Squadron No. Groves-Walker 346 Birth Date _____

Name _____ (First) _____ (Initial) _____ (Last) _____ (Initial) _____ (Last)

Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (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 and apply for membership.

Email Address _____ Transmit \$ 25.00 SAL Jr. (under 17 yrs) \$11.00 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. Ask local contact for amount due. For current detachment address, go to The American Legion department/state headquarters, or visit www.legion.org.

ALA 12/2013

_____ Date

_____ Received From

\$ _____ for 20____ Dues

Groves-Walker Squadron 346

Squadron No. _____

Michigan

Department of _____



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

American Legion Auxiliary Groves-Walker Unit 346 31775 Grand River Ave. Farmington, MI www.AmericanLegionPost346.org



DUES RECEIPT (Please Print)

APPLICANT INFORMATION

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

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Unit 346 Farmington, MI

Email Address _____ Unit # and Location _____

_____/_____/_____/ Birth - 17 dues: \$10.00 18 and over dues: \$30.00

Have you been a member previously? Yes No

Signature of Applicant (or legal guardian if under 18) _____ Date _____

ELIGIBILITY INFORMATION

Eligible through / name of veteran (if living, must be American Legion member) Living Deceased

American Legion Member ID Number _____

Veteran's American Legion Post Name _____ Post # _____ City _____ State _____

Veteran served: (check all that apply)

- WWI (4/6/17-11/11/18)
- WWII (12/7/41-12/31/46)
- Merchant Marines (12/7/41-12/31/46)
- Korea (6/25/50-1/31/55)
- Vietnam (2/28/61-5/7/75)
- Lebanon/Grenada (8/24/82-7/31/84)
- Panama (12/20/89-1/31/90)
- Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)

Applicant's relationship to the veteran:

- Mother Wife Daughter Sister
- Grandmother Granddaughter 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.

Mail completed application to American Legion Auxiliary department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current department address go to: www.ALAforVeterans.org/contact/state_headquarters. Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine. **Membership pending approval of application.**

Post Adjutant/Officer Membership Verification _____ ALA 12/2013 _____ Date _____

_____ Date

_____ Received From

\$ _____ for 20____ Dues

_____ Recruiter's Name

_____ Recruiter's Signature

_____ Recruiter's Phone #