



AMERICAN LEGION AUXILIARY - MEMBERSHIP APPLICATION

APPLICANT INFORMATION

ELIGIBILITY INFORMATION



DUES RECEIPT (Please Print)

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

Eligible Through-Name of Veteran (if living, must be American Legion member) Living Deceased

Address

American Legion Member ID Number

City State Zip

Veteran's American Legion Post Name Post # City State

Home Phone Cell Phone

Veteran Served: (check all that apply)

- WWII (4/6/17-11/11/18)
- Merchant Marines (12/7/41-12/31/46)
- 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)
- Lebanon/Grenada (8/24/82-7/31/84)
- Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)

Email Address Unit # and Location

Applicant's Relationship to the Veteran: (Step-relatives are eligible)

- Mother Wife Daughter Sister
- Grandmother Granddaughter Great-Granddaughter Self

Date of Birth (Required) Birth - 17 18 and over

Have you been a member before? Yes No

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 under 18) Date

Post Adjutant/Officer Membership Verification ALA 12/2011 Date

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: http://www.ALAforVeterans.org/contact/state_headquarters/ Membership pending approval of application.

Date

Received From

\$ _____ for 20 _____ Dues

Recruiter's Name

Recruiter's Signature

Recruiter's Phone #

If joining under a living relative, he (she) must be a member of a Legion post and proof of membership made by a copy of that person's current membership card.

If joining under a deceased relative, we need a copy of that person's DD214 or Honorable Discharge papers.