



American Legion Auxiliary MEMBERSHIP APPLICATION

APPLICANT INFORMATION

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

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Email Address _____
 / / Birth - 17 18 and over

Date of Birth (Required) _____ 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) _____ 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.
 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
 Direct Female Descendant (daughter, granddaughter, great-granddaughter, etc.)

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 _____

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 _____