

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
☐ 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	/ /	Date
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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