

Recruiter's Name

## American Legion Auxiliary MEMBERSHIP APPLICATION

		— APPLICA	ANT INFORMATION	ON ———		
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 beer	n a member previously?	s 🔲 No (If y	es, fill in below.)			
Previous Unit	City/State			A	LA ID # (if known)	
Oinmatura of A		10)			/ /	
oignature of A	pplicant (or legal guardian if unde	<del>2</del> 1 10)			Date	
		— ELIGIBIL	ITY INFORMATION	ON ———		
Fligible Throug	gh—Name of Veteran <i>(Female V</i> e	eterans: List Vour	Own Name)			
	gii ivaille oi vetelali (i ellidle vi	otorano. List 1001	Own Ivanie)			
If Living:Aı	merican Legion Member ID #	Post #	<del></del>	City		State
	If veteran is deceased, contact and DD214 Discharge Papers: ww					
Veteran Served:  ☐ WWI (4/6/1917-11/11/1918)  ☐ Anytime After 12/7/1941 (check all that apply):  ☐ Global War on Terror ☐ Panama ☐ Gulf War ☐ Lebanon/Grenada ☐ Korea				☐ WWII ☐ Other Conflicts		
Applicant's  Male Spous  Daughter	Relationship to the Veteran se	∷ ☐ Mother	☐ Grandmother	☐ Sister	☐ Self	
	pleted By The American Leg e above named individual served ng honorably.			ne dates marked ab	ove and was honorab	oly discharged
Post Adjutant/0	Officer Membership Verification				Date	
		HEI DIJE OF	ET YOU CONNEC	TED!		
☐ Voluntee ☐ Youth Ac ☐ Member ☐ Other	ed in learning more about: ring for Veterans, Military, and Tr tivities, Including ALA Girls State Discounts and Services t the following individual about vo	neir Families , Junior Member F	Programs, and Schola	rships		
Name			Phone		Email	
Name			Phone		Email	
Name			Phone		Email	
Valle			i iidii <del>c</del>		Liliali	

State

City

Unit/Post #