Membership Processing Instructions

Rules as of August 2026

Membership Application

1. Applicant Information needs to be filled out completely.
2. Eligibility Information needs to include the name of the veteran that Auxiliary member is signing up under. If living, include their American Legion Member ID#, Post#, City and State of Post.
3. If deceased, put a mark in the box.
4. Mark where veteran served (i.e. WWII, Korea, Vietnam, etc.). Mark only one era of service.
5. Mark applicants' relationship to veteran (i.e. daughter, spouse, granddaughter, etc.).
6. Application must be signed and dated by the Applicant and Post Officer or Auxiliary Membership person.
7. **If the application is not filled out completely or it's not legible, it will be returned to the Unit.**
8. Send original application to Department and make copy for Unit. Membership form copies must be kept by the Unit indefinitely.
9. **Do not mail into Department any DD214 or other verification of service, membership cards, or receipts for dues paid at the Unit.**
10. See examples of Membership Applications on the next pages.

American Legion Auxiliary
MEMBERSHIP APPLICATION

APPLICANT INFORMATION

CANDY | L | NICE
Name (First) | (M.I.) | (Last)

555 UPSTREET
Address

PHOENIX | AZ | 85555
City | State | ZIP

480-222-2222 | CANDYNICE17@PHX.NET
Home Phone | Cell Phone | Email Address

01 / 01 / 2010 ☒ 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)

Mary Nice | 6 / 26 / 2024
Signature of Applicant *(or legal guardian if under 18)* | Date

ELIGIBILITY INFORMATION

DON BOTLER
Eligible Through—Name of Veteran *(Female Veterans: List Your Own Name)*

If Living: | | | |
American Legion Member ID # *(Required)* | 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 an Officer of The American Legion or American Legion Auxiliary

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.

Sally Post | 6 / 26 / 2024
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

06/2026

Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 569-4500 for assistance.
Annual dues must accompany completed application. Ask local contact for amount due. ***Membership pending approval of application.***

AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name: CANDY L. NICE

Address: 555 UP STREET

City: PHOENIX State: AZ ZIP: 85555

Home Phone: 480-222-2222 Cell Phone:

Email Address: CANDYNICE17@PHX.NET Unit # and Location (if known):

Date of Birth (Required): 01/01/2010 ☒ Birth - 17 ☐ 18 and over

Have you been a member previously? ☐ Yes ☒ No (If yes, fill in below, if known.)

Previous Unit City/State: _____ ALA ID#: _____

Signature of Applicant (or legal guardian if under 18): Mary Nice. Date: 6/26/2026

Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 569-4500 for assistance.
Annual dues must accompany completed application. Ask local contact for amount due. ***Membership pending approval of application.***

ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran *(Female Veterans: List Your Own Name)*: DON BUTLER

If Living: American Legion Member ID # *(Required)* Post # City State

☒ Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)

Veteran Served:

☐ WWI (4/6/1917-11/11/1918)

Anytime After 12/7/1941 (check all that apply):

☐ Global War on Terror ☐ Lebanon/Grenada ☐ WWII
☐ Gulf War ☒ Vietnam ☐ Other Conflicts
☐ Panama ☐ Korea

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: Sally Post Date: 6/26/26

ALA 05.2021

DUES RECEIPT
(Please Print)

Date: _____

Received From: _____

$_____ for 20_____ Des

Recruiter's Name: _____

Recruiter's Signature: _____

Recruiter's Phone #: _____

Instructions For Membership Transmittal Form

1. Fill out Unit #, Transmittal# (1, 2, 3, etc.), and check number at the top of page.
2. Fill out each line for each member.
3. Mark if Renewal {Ren), New (New), Rejoin (Rej) or Transfer (Tran). Members that have not renewed for two years or more are considered a rejoin.
4. Mark if member is S (Senior), or Jr (Junior).
5. Check if member is a New Female Veteran.
6. Mark what year dues are being paid for.
7. Past dues cannot be paid unless the current year is paid for first.
8. **NOTE: Do not list Paid On Line (POL} or Paid UP For Life (PUFL) on Transmittal Forms. You will only list those members you will be paying Department for.**
9. Make a copy of the completed form for Unit's records.
10. Forms can be found on aladeptaz.org.
11. See example of form on following page.

ALA DEPT OF AZ MEMBERSHIP TRANSMITTAL 2026 & 2027

UNIT # 212 Transmittal # 1 Check # 1234

	ID#	Last Name	First Name	MI	Ren New Rej	S/Jr	New Female Vet	2027	2026
1	222222222	NICE	MARY	S	REN	S		X	
2		NICE	CANDY	L	NEW	JR		X	
3		FIELDS	NANCY	M	NEW	S	X	X	
4	234234234	PARTY	ANN		TRANS	S		X	
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

Instructions For 3 copy Transmittal Form

1. Mark the Dues Transmittal Form # (1, 2, 3 etc.). Be sure to number in sequence for each year.
2. Indicate the date and list the Unit #.
3. Indicate the year/years of membership dues being paid for.
4. List the amount enclosed on the check.
5. **Dues are $30 for Seniors and $4 for Juniors for 2027 dues.**
6. If dues are for previous years, call the Department to find out amount of dues.
7. List the number of senior and junior that are on transmittal form.
8. Indicate total membership on this transmittal.
9. **Do not use credits. Any credits due to Units will be paid on** a **monthly basis by the Department.**
10. Sign and place the phone number of person processing membership.
11. After completing the form, keep the pink part of form.
12. After Department completes membership processing, the yellow part of form and a new transmittal form will be mailed to the Unit.
13. See example of form on the next page.

Goal 200

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AMERICAN LEGION AUXILIARY
DEPARTMENT OF ARIZONA
TRANSMITTAL FORM

DUES TRANSMITTAL # 1 DATE 7/15/2026 UNIT # 212

ENCLOSED FOR MEMBERSHIP YEAR 2027 # OF SR. 3 # OF JR. 1 AMOUNT ENCLOSED $ 94.00

TOTAL MEMBERSHIP ON THIS TRANSMITTAL 4 TOTAL $ 94.00

TOTAL MEMBER 4

Sally ME
SIGNATURE

999-999-9999
DAYTIME PHONE NUMBER

DEPARTMENT USE ONLY

Over _____ CK# _____ $ _____

Short _____ CK# _____ $ _____

NEW WOMEN VETERANS _____

WHITE DEPARTMENT COPY – YELLOW (WILL BE RETURNED TO UNIT) – PINK UNIT COPY

Memo:

Instructions For Member Data Form

1. The Member Data Form is used to report name changes, address changes, Unit transfers, any corrections, and deceased members.
2. The Member ID #, complete name, address, and Unit number is required on form.
3. Make a copy of the form for Unit's records.
4. See example of form on next page.

The <u>following information pertains</u> to transfers:

1. A member who is not subject to suspension or membership revocation under the principle of fundamental fairness which includes notice and an opportunity to be heard is eligible to transfer membership to another Unit if the member has paid membership dues to the current Unit for either the current year or immediate past membership year. A member transferring to a new Unit must pay current year dues to either the current Unit or to the Unit into which the member wishes to transfer.
2. No dues will be transferred from one Unit *to* another.
3. Previous Unit #, Department, and signature of member need to be completed. New Unit #, Department, and signature of new Unit Officer is required.

AMERICAN LEGION AUXILIARY

MEMBER DATA FORM

Member ID# 234234234 Date 6/24/2026

*(**Required** for all changes)*

Name ANN PARTY

1001 N. SANDCASTLE

GOOD CITY, AZ 85003

ARIZONA Unit # 212 District # 20

☐ SR ☐ JR ☐ DECEASED, date of death ____/____/____

☐ PUFL ☐ Honorary Life Member

CORRECTIONS

Old Information	New Information
Name ANN PARTY	Name ANN PARTY
Former Address 100 N. RIVER	New Address 1001 N. SANDCASTLE
Former City LOS ANGELES	New City GOOD CITY, AZ 85003
Former State CA Zip 20022	New State AZ Zip 85003
Former Telephone # (___)	New Telephone # (___)
Email Address	Email Address

UNIT TRANSFERS

PREVIOUS Unit # 012 Department CA	**NEW** Unit # 212 Department AZ
Ann Party	Sally Me
Signature - Member **(Required)**	Signature - New Unit Officer **(Required)**

ADDITIONAL INFORMATION

Continuous Years of Membership _____ for _____ *(Paid Years)*

Comments or Notes:

Completing Membership:

Make sure all of the following are mailed in to Department to complete membership:

1. Transmittal Form, 3 copy Transmittal Form, Member Data Form (if applicable), Membership Application Forms (If applicable), and check for dues. Dues are $30 for Seniors and $4 for Juniors for 2027.
2. After completed by the Department, the yellow copy of the 3 copy Transmittal Form and a new one will be sent back to the Unit.
3. **Remember: If anything is missing or incomplete that is sent to the Department, it will be returned to the Unit with a letter explaining what needs to be corrected or included.**
4. **Do not mail into Department any DD214 or other verification of service, membership cards, or receipts for dues paid at the Unit.**
5. If you have any questions, call the Auxiliary Department at 602-241-1080.

Mail to:

American legion Auxiliary
Department of Arizona
4701 N. 19th Ave., Suite 100
Phoenix, AZ 85015