



THE AMERICAN LEGION FAMILY

The American Legion: Founded in 1919, The American Legion is the nation's largest and most influential veterans service organization. It is made up of 2 million wartime veterans who focus activities on the organization's Four Pillars: Veterans Affairs & Rehabilitation, National Defense, Americanism, and Children & Youth. www.legion.org

The Sons of The American Legion: Founded in 1932, the Sons honor the service and sacrifice of Legionnaires. There are more than 355,000 members in the United States. Members include males whose parents or grandparents served in the U.S. military and were eligible for American Legion membership. www.legion.org/sons

The American Legion Auxiliary: The Auxiliary's membership is more than 600,000 strong. With more than 8,000 units in communities, members are fiercely dedicated to serving, helping, and meeting the needs of veterans, the military, and their families. www.ALAforVeterans.org

Legion Riders: With more than 2,000 chapters, Legion Riders have helped raise more than \$10 million for the Legacy Scholarship Fund. The Riders also perform a number of services for Legion-supported causes and provide support at military funerals. Participants must be members of The American Legion, Auxiliary or Sons. www.legion.org/riders



JOIN THE LEGION FAMILY!

For nearly a century, The American Legion, American Legion Auxiliary and Sons of The American Legion have worked steadfastly, side by side, promoting patriotism and national security while supporting youth and advocating for veterans and active-duty military personnel and families.

The Legion Family also includes American Legion Riders. A Legion Rider must be a member of The American Legion, Sons or Auxiliary in order to join a chapter at a local post.

While members of the American Legion Family are individually unique, collectively we are a multi-million member powerhouse of caring advocates dedicated to service. You'll find that getting connected to the American Legion Family is one of the best decisions you'll ever make. Please use the enclosed applications to join today.

For details on the American Legion Family, contact:



THE AMERICAN LEGION

P.O. Box 1055
Indianapolis, IN 46206
(317) 630-1321
ia@legion.org

www.legion.org



AMERICAN LEGION AUXILIARY

3450 Founders Road
Indianapolis, IN 46268
(317) 569-4500
alahq@ALAforVeterans.org
www.ALAforVeterans.org



SONS OF THE AMERICAN LEGION

P.O. Box 1055
Indianapolis, IN 46206
(317) 630-1205
sal@legion.org
www.legion.org/sons

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THE AMERICAN LEGION FAMILY

Join the American Legion Family





THE AMERICAN LEGION – MEMBERSHIP APPLICATION



DUES RECEIPT (please print)

Name _____ First _____ Initial _____ Last _____ Date of Birth _____

Address _____ Street _____ City _____ State _____ ZIP _____

Membership ID# former member _____ Post # _____ Email _____

Male Female
Gender

Please check war era and branch of service below:

- Gulf War/War on Terrorism
 - Panama
 - Lebanon/Grenada
 - Vietnam
 - Korea
 - WWII
 - Other Conflicts
- U.S. Army
 - U.S. Navy
 - U.S. Air Force
 - U.S. Marines
 - U.S. Coast Guard
 - Merchant Marines (12/7/41-12/31/46 - only eligibility)

I certify that I have served federal active duty in the United States Armed Forces since December 7, 1941, and have been honorably discharged or I am still serving.

Signed by applicant _____ Date _____ Name of recruiter _____

D17/010

If you are a new member, send this completed application with annual dues to The American Legion, Attn: Membership, P.O. Box 1055, Indianapolis, IN 46206 (check www.legion.org/join for dues amount), or take it to a local post. To locate a post near you, click on "Find a Post" at www.legion.org.



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Date _____

Detachment of _____ Squadron No. _____ Birth date _____

Name _____ First _____ Initial _____ Last _____ Recruited by _____ Initial _____ Last _____

Address _____ Street _____ City _____ State _____ ZIP _____ Phone _____

Veteran through whom eligibility is established _____ Department of _____

(a) Above is a member in good standing of Post No. _____ to _____

OR (b) Above is a deceased veteran who served honorably from _____ Where? _____

(c) Relationship of applicant to veteran _____

Has applicant previously been a member of the SAL? _____

I hereby subscribe to the Constitution of the Sons of The American Legion and apply for membership.

Email _____ Transmit \$ _____ for 20 _____ annual membership dues

Signed by applicant (or legal guardian if under 18) _____ Eligibility certified by _____

Mail completed application to Sons of The American Legion department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current detachment address, go to The American Legion department/state headquarters, or visit www.legion.org.

D17/010

DUES RECEIPT (please print)

Date _____

Received from _____ \$ _____ for 20 _____ dues

Squadron No. _____

Department of _____



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Cell phone _____

Email _____

Unit # and Location _____

Birth - 17 18 and older

Date of Birth (Required) _____ / _____ / _____

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

Previous Unit City/State _____ ALA ID# _____

ELIGIBILITY INFORMATION

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

If Living: American Legion Member ID # _____ Post # _____ City _____ State _____

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

Veteran served: (check all that apply)

- WWII (4/6/1917-11/11/1918)
- Anytime After 12/7/1941 (check all that apply):
 - Global War on Terror
 - Lebanon/Grenada
 - Vietnam
 - Korea
- Other Conflicts

Applicant's relationship to the veteran:

- Female Spouse
- Male Spouse
- Grandmother
- Sister
- Direct 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 _____

Signature of Applicant (or legal guardian if under 18) _____ Date _____

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.