

New Member transmittals

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF ALABAMA
P O Box 606, Montgomery, AL. 36101**

Unit # _____

Date: _____

Transmittal # _____

Year: _____

(New year starts with transmittal #1)

Example: 2021-2022 etc.

Total

NEW Seniors

\$25.00

NEW Juniors

\$6.00

Check #: _____

Amount Enclosed: \$- _____

(Alphabetical order)

New Members only:

Senior

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____

Senior

- 14 _____
- 15 _____
- 16 _____
- 17 _____
- 18 _____
- 19 _____
- 20 _____
- 21 _____
- 22 _____
- 23 _____
- 24 _____
- 25 _____
- 26 _____

New Juniors Only

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____

Please, do not mix years or add renewed members to this form

Membership Chairman: Name: _____

Phone: _____

Email: _____



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 _____

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 _____

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.**