



**American Legion Auxiliary**  
*World's largest women's patriotic service organization*  
**MEMBERSHIP APPLICATION**

**APPLICANT INFORMATION**

Name: FIRST: \_\_\_\_\_ M.I. \_\_\_\_\_  
 LAST: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 Birthday: \_\_\_\_\_ Unit # \_\_\_\_\_ Locatin: \_\_\_\_\_  
 Birth – 17 \_\_\_\_\_ 18 and over \_\_\_\_\_  
 Signature of Applicant (or Legal guardian if under 18): \_\_\_\_\_

**ELIGIBILITY INFORMATION**

Eligible Through-Name of Veteran (*if living, must be Legion member*): \_\_\_\_\_  
 American Legion Member ID Number: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_  
 Veteran's American Legion Post Name \_\_\_\_\_ Post #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
**Veteran Served: (check all that apply)**  
 WWI (4/6/17-11/11/18): \_\_\_\_\_ WWII (12/7/41-12/31/46): \_\_\_\_\_ Merchant Marines (12/7/41-12/31/46): \_\_\_\_\_  
 Korea (6/25/50-1/31/55): \_\_\_\_\_ Vietnam (2/28/61-5/7/75): \_\_\_\_\_ Lebanon/Grenada (8/24/82-7/31/8): \_\_\_\_\_  
 Panama (12/20/89-1/31/90): \_\_\_\_\_ Gulf War/War on Terrorism (8/2/90 until cessation of hostilities): \_\_\_\_\_  
**Applicant's Relationship to the Veteran: Mother: \_\_\_\_\_ Wife: \_\_\_\_\_ Grandmother: \_\_\_\_\_ Sister: \_\_\_\_\_**  
**Self Direct Descendant (daughter, granddaughter, great granddaughter, etc.): \_\_\_\_\_**  
 Have you been a member previously: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_  
 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: \_\_\_\_\_  
 For Veteran's DD214 Discharge Papers: <http://www.archives.gov/veterans/military-service-records>

**HELP US GET YOU CONNECTED!**

**I am interested in learning more about:**

Paid Up For Life Membership: \_\_\_\_\_ Scholarships: \_\_\_\_\_ Fundraising: \_\_\_\_\_ Volunteering for Veterans: \_\_\_\_\_  
 Community Service: \_\_\_\_\_ Member Discounts and Services: \_\_\_\_\_  
 Education Activities: \_\_\_\_\_ Auxiliary Emergency Fund: \_\_\_\_\_  
 Activities to Support Active-Duty Military and Families: \_\_\_\_\_ Youth Activities: \_\_\_\_\_ Local Unit Activities: \_\_\_\_\_  
 Other: \_\_\_\_\_

Recruiter's Name: \_\_\_\_\_ Unit: \_\_\_\_\_ Post #: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please contact the following individual(s) about volunteering or joining the American Legion Auxiliary:

_____	_____	_____
Name	Phone	Email
_____	_____	_____
Name	Phone	Email

**Mail completed application to American Legion Auxiliary department/state headquarters.**

Annual dues must accompany completed application. Ask local contact for amount due. For current department address go to: [www.ALforVeterans.org](http://www.ALforVeterans.org) and click Join. Dues include a yearly non-refundable allocation of \$3.40 for *American Legion Auxiliary* magazine.

**Membership pending approval of application.**