

Name _____ (First) _____ (Initial) _____ (Last) _____ (Phone) _____
 Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____
 _____ (Membership ID# Former Member) _____ (Email) _____ (Post #) _____ (Date)

- Please check appropriate eligibility dates and branch of service below:**
- WWI (4/6/17-11/11/18)
 - WWII (12/7/41-12/31/46)
 - Korea (6/25/50-1/31/55)
 - Vietnam (2/28/61-5/7/75)
 - Lebanon/Grenada (8/24/82-7/31/84)
 - Panama (12/20/89-1/31/90)
 - Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)
 - 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 served at least one day of active military duty during the dates marked above and was honorably discharged or am still serving honorably.

Signed By Applicant _____ Name of Recruiter _____

Mail completed application to The American Legion National Headquarters, Attn: Internal Affairs. Annual dues must accompany completed application. Ask local contact for amount due. For current Department address go to: www.legion.org.

ALA 11/2011



DUES RECEIPT
(Please Print)

Date _____
 Received From _____
 \$ _____ for 20 _____ Dues
 Recruiter's Name _____
 Recruiter's Signature _____
 Recruiter's Phone # _____

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 _____
 (a) Above is a member in good standing of Post No. _____ Department of _____
 OR (b) Above is a deceased veteran who served honorably from _____ to _____
 (c) Relationship of Applicant to Veteran _____
 Has Applicant previously been a member of the SAL? _____ Where? _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and
 Email Address _____ Transmit \$ _____ for 20 _____ annual membership dues
 Signed By Applicant (or Parent) _____ 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 www.legion.org.

ALA 11/2011



DUES RECEIPT
(Please Print)

Date _____
 Received From _____
 \$ _____ for 20 _____ Dues
 Squadron No. _____
 Department of _____

AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name _____ (First) _____ (M.I.) _____ (Last)
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____

ELIGIBILITY INFORMATION

Eligible Through-Name of Veteran (if living, must be American Legion member) Living Deceased
 American Legion Member ID Number _____
 Veteran's American Legion Post Name _____ Post # _____ City _____ State _____

Veteran Served: (check all that apply)



DUES RECEIPT
(Please Print)

Date _____