



AMERICAN LEGION AUXILIARY - MEMBERSHIP APPLICATION



APPLICANT INFORMATION

Name (First) (M.I.) (Last)

Address

City State Zip

Home Phone Cell Phone

Email Address Unit # and Location

Date of Birth (Required)

Have you been a member previously? Yes No

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

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)

- WWI (4/6/1917-11/11/1918)
- Merchant Marines (12/7/1941 - 12/31/1946)
- Vietnam (2/28/1961-5/7/1975)
- Panama (12/20/1989-1/31/1990)
- WWII (12/7/1941-12/31/1946)
- Korea (6/25/1950 - 1/31/1955)
- Lebanon/Grenada (8/24/1982-7/31/1984)
- Gulf War/War on Terrorism (8/2/1990 until cessation of hostilities)

Applicant's relationship with veteran:

- Mother
- Wife
- Daughter
- Sister
- Grandmother
- Granddaughter
- Great-granddaughter
- Self

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

DUES RECEIPT (Please Print)

Date

Received From

\$ 30.00 for 20_____ Dues

Recruiter's Name

Recruiter's Signature

Recruiter's Phone #

**Please bring this form, payment and all documents to American Legion Post 222
4250 NE 5th Ave
Oakland Park, FL 33334**