Mail to: American Legion Post 111, PO Box 734, Leni, Utah 84043

THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Name _____
First Initial Last Date of Birth

Address _____
Street City State ZIP

❑ Male ❑ Female

Membership ID# former member Post # Phone # Email Gender

Please check war era and branch of service below:

- ❑ Global War on Terror
- ❑ Gulf War
- ❑ Panama
- ❑ Lebanon/Grenada
- ❑ Vietnam
- ❑ Korea
- ❑ WWII
- ❑ Other Conflicts
- ❑ U.S. Army
- ❑ U.S. Navy
- ❑ U.S. Air Force
- ❑ U.S. Marines
- ❑ U.S. Space Force
- ❑ U.S. Coast Guard
- ❑ Merchant Marines *(WWII only)*

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 _____

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 legion.org.

D17010

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 _____ Recruited by _____
First Initial Last 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 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 legion.org.

D17010

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 (if known)

_____/_____/_____ ❑ 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#

_____ _____/_____/_____
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.

ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name)

If Living:

American Legion Member ID # (Required) Post # City State

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

Veteran served: (check all that apply)

❑ WWI (4/6/1917-11/11/1918)

Anytime After 12/7/1941 (check all that apply):

- ❑ Global War on Terror
- ❑ Gulf War
- ❑ Panama
- ❑ Lebanon/Grenada
- ❑ Vietnam
- ❑ Korea
- ❑ WWII
- ❑ 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

ALA 05/2021

DUES RECEIPT
(Please Print)

_____ Date

_____ Received From

$_____ for 20_____ dues

_____ Recruiter's Name

_____ Recruiter's Signature

_____ Recruiter's Phone #