

## American Legion Auxiliary MEMBERSHIP APPLICATION

	-,	- APPLICANI	INFORMATIO	ON ———		
Name	(First)	-: :	(M.I.)		(Last)	
Address				X		
City State			ZIP			
Home Phone Cell Phone				Email Address		
/ Date of Birth <i>(Red</i>	/ Birth - 17	☐ 18 and ove	r Unit #		Location	
Have you been a	member previously?	☐ No (If yes, t	ill in below.)			
Previous Unit City/State				ALA ID # (if known)		
Signature of Appli	cant (or legal guardian if under	18)		/	/ Date	
		- ELIGIBILITY	'INFORMATIO	ON		
Eligible Through-	-Name of Veteran (Female Vete	rans: List Your Owi	n Name)	N=		
☐ Deceased—If y For Veteran's I Veteran Served ☐ WWI (4/6/1917	7-11/11/1918) 12/7/1941 (check all that apply):	archives.gov/vetera				State
Applicant's Re  ☐ Male Spouse ☐ Daughter	lationship to the Veteran:    Female Spouse   Granddaughter	☐ Mother	Grandmother	☐ Sister	Self	
To Be Complet I certify that the all or is still serving h	ed By The American Legio bove named individual served at conorably.	n Post Adjutant least one day of a	Officer ctive duty during the	he dates marked abov	e and was honorab	ly discharged
Post Adiutant/Offic	cer Membership Verification				/ Date	
i am Interested in  Volunteering  Youth Activit						
	e following individual about volur	nteering or joining t	he American Legio	on Auxiliary:		
Name			Phone	<del>-</del> :	Email	
Vame			Phone		Email	
Name		-	Phone	= (	Email	
Recruiter's Name	Unit/Pos	t #	City		State	