



THE AMERICAN LEGION – MEMBERSHIP APPLICATION



DUES RECEIPT (Please Print)

Name _____ (First) _____ (Initial) _____ (Last) _____ (Phone) _____

Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

_____ (Membership ID# if Former Member) _____ (Email) _____ (Post #) _____ (Date)

Please check appropriate branch of service below:

US ARMY

US Marine Corps

US Navy

US Air Force

US Coast Guard

Merchant Marines

National Guard

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 _____

Please fill our on computer, print, sign and send to American Legion Post 105, Attn: AL Membership,
651 El Camino Real, Redwood City CA 94063

_____ Date _____

_____ Received From _____

\$ _____ for 20 _____ Dues

_____ Recruiter's Name _____

_____ Recruiter's Signature _____

_____ Recruiter's Phone # _____



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION



DUES RECEIPT (Please Print)

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 _____

Please fill our on computer, print, sign and send to American Legion Post 105, Attn: SAL Membership,
651 El Camino Real, Redwood City CA 94063

_____ Date _____

_____ Received From _____

\$ _____ for 20 _____ Dues

_____ Squadron No. _____

_____ Department of _____



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION



DUES RECEIPT (Please Print)

APPLICANT INFORMATION

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

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Unit # and Location _____

_____ / _____ / _____ ☐ Birth - 17 ☐ 18 and over

Date of Birth (Required)

Have you been a member before? ☐ Yes ☐ No

_____ / _____ / _____

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

ELIGIBILITY INFORMATION

☐ Living ☐ Deceased

Eligible Through-Name of Veteran (if living, must be American Legion member) _____

American Legion Member ID Number _____

Veteran's American Legion Post Name _____ Post # _____ City _____ State _____

Veteran Served: (check all that apply)

US Army ☐ US Coast Guard ☐

US Marine Corps ☐ Merchant Marines ☐

US Navy ☐ National Guard ☐

US Air Force ☐

Applicant's Relationship to the Veteran: (Step-relatives are eligible)

☐ 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 _____

_____ Date _____

_____ Received From _____

\$ _____ for 20 _____ Dues

_____ Recruiter's Name _____

_____ Recruiter's Signature _____

_____ Recruiter's Phone # _____

Please fill our on computer, print, sign and send to
American Legion Post 105, Attn: Aux Membership,
651 El Camino Real, Redwood City CA 94063