

American Legion Auxiliary MEMBERSHIP APPLICATION

APPLICANT INFORMATION

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

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Email Address _____

/ / ☐ Birth to 17 ☐ 18 and over

Date of Birth (Required) _____ Unit # _____ Location _____

Have you been a member previously? ☐ Yes ☐ No (If yes, fill in below.)

Previous Unit City/State _____ ALA ID # (if known) _____

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

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.
For Veteran's DD214 Discharge Papers: www.archives.gov/veterans/military-service-records

Veteran Served:

☐ WWI (4/6/1917-11/11/1918)

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

☐ Global War on Terror ☐ Panama ☐ Vietnam ☐ WWII

☐ Gulf War ☐ Lebanon/Grenada ☐ Korea ☐ Other Conflicts

Applicant's Relationship to the Veteran:

☐ Spouse ☐ Parent ☐ Sibling ☐ Grandparent ☐ Grandchild

☐ Child ☐ Self (Veteran or Current Servicemember)

To be Completed by an Officer of The American Legion or American Legion Auxiliary

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.

Officer Membership Verification _____ Date _____

HELP US GET YOU CONNECTED!

I am interested in learning more about:

- ☐ Volunteering for Veterans, Military, and Their Families
- ☐ Youth Activities, Including ALA Girls State, Junior Member Programs, and Scholarships
- ☐ Member Discounts and Services
- ☐ Other

Please contact the following individual about volunteering or joining the American Legion Auxiliary:

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Recruiter's Name _____ Unit/Post # _____ City _____ State _____

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.**