



American Legion Auxiliary APPLICATION FOR MEMBERSHIP

Applicant Information

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

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ E-mail _____

Unit Number _____ Location _____

Senior (over 18)
 Junior (birth - 18) Date of Birth ___ / ___ / ___
(Birth date required for Junior members)

Signature of Applicant (or legal guardian if Junior member) _____ Date _____

Eligibility Information

Name of Veteran Eligible Through _____ Legion Member ID Number _____

American Legion Post _____ Post # _____ City _____ State _____

Veteran: Living Deceased

Veteran served in:

<input type="radio"/> WWI (4/6/17-11/11/18)	<input type="radio"/> WWII (12/7/41-12/31/46)	<input type="radio"/> Merchant Marines (12/7/41-8/15/45 <i>Only</i>)
<input type="radio"/> Korea (6/25/50-1/31/55)	<input type="radio"/> Vietnam (2/28/61-5/7/75)	<input type="radio"/> Grenada/Lebanon (8/24/82-7/31/84)
<input type="radio"/> Panama (12/20/89-1/31/90)	<input type="radio"/> Persian Gulf War (8/2/90 <i>until cessation of hostilities as determined by the US Government</i>)	

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

Mother Wife Daughter Sister Granddaughter Great-Granddaughter Grandmother 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.

Signature: _____ Date _____

Post Officer Membership Verification (Or Unit Secretary's Verification for Female Veterans Only)

For Veteran's DD214 Discharge Papers: <http://www.archives.gov/veterans/military-service-records/dd-214.html>

I am interested in learning more about the following:

<input type="radio"/> Paid-Up-For-Life Membership (VIM)	<input type="radio"/> Scholarships	<input type="radio"/> Fundraising
<input type="radio"/> Volunteering at a VA Medical Center	<input type="radio"/> Community Volunteerism / Assistance	<input type="radio"/> Member Benefits
<input type="radio"/> Participating in Education Activities	<input type="radio"/> Auxiliary Emergency Fund	<input type="radio"/> Other _____
<input type="radio"/> Working with Young People	<input type="radio"/> Helping with Unit Activities	

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

The following individual(s) might also be interested in joining or volunteering.

Please contact: **Jacqueline vanWeerdenpoelman** Phone # **275-2250 or 927-8625**

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

181-001e Rev. 12/05

Mail Completed Applications to: American Legion Auxiliary P.O. Box 732 Cambria, CA 93428
Make checks out to "ALA"
Fee: \$20.00 per year