



American Legion Auxiliary MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name	(First)	(M.I.)	(Last)
Address			
City	State		Zip
Day Phone	Evening Phone		E-mail Address
Date of Birth (Required for 18 & under)		Unit #	Location
Signature of Applicant (or legal guardian if under 18)		Date	

ELIGIBILITY INFORMATION

Eligible Through-Name of Veteran (if living, must be Legion member)	American Legion ID Number	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
Veteran's American Legion Post Name	Post #	City	State
Veteran Served: (check all that apply)			
<input type="checkbox"/> WWI (4/6/17-11/11/18)	<input type="checkbox"/> WWII (12/7/41-12/31/46)	<input type="checkbox"/> Merchant Marine (12/7/41-12/31/46)	
<input type="checkbox"/> Korea (6/25/50-1/31/55)	<input type="checkbox"/> Vietnam (2/28/61-5/7/75)	<input type="checkbox"/> Lebanon/Grenada (8/24/82-7/31/84)	
<input type="checkbox"/> Panama (12/20/89-1/31/90)	<input type="checkbox"/> Gulf War/War on Terrorism (8/2/90 to today)		
Applicant's Relationship to the Veteran: (Step relatives are eligible)			
<input type="checkbox"/> Mother	<input type="checkbox"/> Wife	<input type="checkbox"/> Daughter	<input type="checkbox"/> Sister
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Great-Granddaughter	<input type="checkbox"/> 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 Membership Verification	Date		
For Veteran's DD214 Discharge Papers: http://www.archives.gov/veterans/military-service-records			

I AM INTERESTED IN LEARNING MORE ABOUT:

<input type="checkbox"/> Paid-Up-For-Life Membership	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Volunteering for Veterans	<input type="checkbox"/> Community Service	<input type="checkbox"/> Member Discounts and Services	
<input type="checkbox"/> Education Activities	<input type="checkbox"/> Auxiliary Emergency Fund	<input type="checkbox"/> Activities to Support Active Duty Military and Families	
<input type="checkbox"/> Youth Activities	<input type="checkbox"/> Local Unit Activities	<input type="checkbox"/> Other _____	
Recruiter's Name	Unit/Post #	City	State
Please contact the following individual(s) about volunteering or joining the American Legion Auxiliary:			
Name	Phone	E-mail	
Name	Phone	E-mail	
Name	Phone	E-mail	