



American Legion Auxiliary MEMBERSHIP APPLICATION

APPLICANT INFORMATION

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

Address

City State ZIP

Home Phone Cell Phone Email Address

Date of Birth (Required) Birth - 17 18 and over 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 # 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:
Male Spouse Female Spouse Mother Grandmother Sister Self
Daughter Granddaughter

To Be Completed By The American Legion Post Adjutant/Officer
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

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.**