



AMERICAN LEGION AUXILIARY - MEMBERSHIP APPLICATION

APPLICANT INFORMATION

ELIGIBILITY 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

Mail completed application to American Legion Auxiliary Department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current Department address go to:
http://www.ALAforVeterans.org/contact/state_headquarters/
Membership pending approval of application.

☐ 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)

- | | |
|--|--|
| <input type="checkbox"/> WWI (4/6/17-11/11/18) | <input type="checkbox"/> WWII (12/7/41-12/31/46) |
| <input type="checkbox"/> Merchant Marines (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 until cessation of hostilities) |

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/Officer Membership Verification ALA 12/2011 Date



DUES RECEIPT (Please Print)

Date

Received From

\$ for 20 Due

Recruiter's Name

Recruiter's Signature

Recruiter's Phone #

**AMERICAN
LEGION AUXILIARY
MISSION:**

*In the spirit of service,
not self, the mission
of the American Legion
Auxiliary is to support
The American Legion and
to honor the sacrifice
of those who serve by
enhancing the lives
of our veterans, military,
and their families,
both at home and abroad.*

*For God and Country,
we advocate for veterans,
educate our citizens,
mentor youth,
and promote patriotism,
good citizenship, peace
and security.*

*Visit us online at
www.ALAForVeterans.org*



There are many opportunities for involvement in the American Legion Auxiliary. Help us get you connected!

I am interested in learning more about:

☐ Paid-Up-For-Life Membership

☐ Volunteering for Veterans

☐ Education Activities

☐ Youth Activities

☐ Scholarships

☐ Community Service

☐ Auxiliary Emergency Fund

☐ Local Unit Activities

☐ Fundraising

☐ Member Discounts and Services

☐ Activities to Support Active Duty Military and Families

☐ Other _____

Recruiter's Name _____

Unit/Post # _____

City _____

State _____

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

Name _____

Phone _____

Email _____

Name _____

Phone _____

Email _____

Name _____

Phone _____

Email _____