

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 Lebanon/Senada Vietnam Korea WWII Other Conflicts
 Gulf War Vietnam/Senada

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 Gifts 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
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.*