



# American Legion Auxiliary MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name	(First)	(M.I.)	(Last)
Address			
City	State	ZIP	
Home Phone	Cell Phone	Email Address	
/ /	<input type="checkbox"/> Birth - 17 <input type="checkbox"/> 18 and over	Unit #	Location
Date of Birth (Required)			
Have you been a member previously? <input type="checkbox"/> Yes <input type="checkbox"/> 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
<input type="checkbox"/> Deceased—If veteran is deceased, contact ALA unit about the necessary military records. For Veteran's DD214 Discharge Papers: <a href="http://www.archives.gov/veterans/military-service-records">www.archives.gov/veterans/military-service-records</a>			
<b>Veteran Served:</b>			
<input type="checkbox"/> WWI (4/6/1917-11/11/1918)			
<input type="checkbox"/> Anytime After 12/7/1941 (check all that apply):			
<input type="checkbox"/> Global War on Terror	<input type="checkbox"/> Panama	<input type="checkbox"/> Vietnam	<input type="checkbox"/> WWII
<input type="checkbox"/> Gulf War	<input type="checkbox"/> Lebanon/Grenada	<input type="checkbox"/> Korea	<input type="checkbox"/> Other Conflicts
<b>Applicant's Relationship to the Veteran:</b>			
<input type="checkbox"/> Male Spouse	<input type="checkbox"/> Female Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Daughter	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Sister	<input type="checkbox"/> Self
<b>To Be Completed By The American Legion Post Adjutant/Officer</b>			
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!

<b>I am interested in learning more about:</b>			
<input type="checkbox"/> Volunteering for Veterans, Military, and Their Families			
<input type="checkbox"/> Youth Activities, Including ALA Girls State, Junior Member Programs, and Scholarships			
<input type="checkbox"/> Member Discounts and Services			
<input type="checkbox"/> 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.**