



# American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Applicant Information

1. Please print in black.

Eligibility Information

8.

2. Name (First) (M.I.) (Last)  
 Address  
 City State Zip

3. Phone (Work) (Home)  
 E-mail address  
 4. Unit Number & Location  
 7. Signature of Applicant (or legal guardian if Junior member) Date

9. Name of Veteran Eligible Through  
 10. American Legion Post Post # City State  
 11. Legion Member ID Number  
 Veteran:  Living  Deceased

12. Veteran served in:  
 WWI (4/6/17-11/11/18)  WWII (12/7/41-12/31/46)  
 Merchant Marines (12/7/41-8/15/45 Only)  Korea (6/25/50-1/31/55)  
 Vietnam (2/28/61-5/7/75)  Grenada/Lebanon (8/24/82-7/31/84)  
 Panama (12/20/89-1/31/90)  Persian Gulf War (8/2/90 until cessation of hostilities as determined by the US Government)

13. Applicant's Relationship to the Veteran: (Step relatives are eligible)  
 Mother  Daughter  Granddaughter  Grandmother  
 Wife  Sister  Great-Granddaughter  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.

14. Post Officer Membership Verification  
 Or Unit Secretary's Verification for Female Veterans Only Date



## Mail Completed Applications to Your Department Headquarters!

I am interested in learning more about the following:

- Paid-Up-For-Life Membership (VIM)
- Volunteering at a VA Medical Center
- Participating in Education Activities
- Working with Young People
- Scholarships
- Community Volunteerism / Assistance
- Auxiliary Emergency Fund
- Helping with Unit Activities
- Fundraising
- Member Benefits
- Other \_\_\_\_\_

Recruiter's Name Unit/Post # City State

The following individual(s) might also be interested in joining or volunteering.

15. Please contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_

## EXPLANATIONS

1. Must use black ink; National scans all applications for their permanent records.
2. Identifying information: print full name and correct delivery (not physical) address.
3. Contact information if information needs clarified or more information is needed.
4. State the unit number and location where applicant is applying for membership.
5. Mark Appropriate box for Junior or senior member.
6. If marked Junior, please state birth date. This lets know when they will be a senior member.
7. Applicant's signature verifies information is accurate.
8. State the name of the person through whom applicant is eligible for membership.
9. The Legion Post where veteran (if living) is a member, must be a current member.
10. Legion membership number, this verifies they are an eligible and current member.
11. Mark whether veteran is living or deceased. If deceased, Legion ID number, Post name, number and location is not needed.
12. Mark the correct period of military service for the person through whom the applicant is eligible.
13. Mark the appropriate box designating the applicant's relationship to the veteran. If eligibility is through self, mark "Self" box.
14. Signature of Post Officer or Unit Secretary (for female veteran) this verifies all information pertaining to veterans s correct. If no signature can be obtained the Department Adjutant should be contacted.
15. These are possible leads to new members for the American Legion Auxiliary.