



American Legion Auxiliary MEMBERSHIP APPLICATION

APPLICANT INFORMATION

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

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Email Address _____
 / / Birth - 17 18 and over

Date of Birth (Required) _____ 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
 Direct Female Descendant (daughter, granddaughter, great-granddaughter, etc.)

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.**