



American Legion Auxiliary MEMBERSHIP APPLICATION

PLEASE MAKE
SURE
APPLICATION IS
FILLED OUT
COMPLETELY

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 _____

**MUST BE
SIGNED**

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):

<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

Applicant's Relationship to the Veteran:

Male Spouse Female Spouse Mother Grandmother Sister Self

Daughter Granddaughter

**PLEASE MAKE
SURE THIS
SECTION IS
COMPLETED**

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.*