

American Legion Auxiliary APPLICATION FOR MEMBERSHIP

Applicant Information			
Name			
(First)	(M.I.)	(Last)	
Address	City	State	e Zip
Work Phone	Home Phone	E-mail	
Unit Number Location		☐ Senior (over 18) ☐ Junior (birth - 18) Date (Birth date required for Jun	of Birth// nior members)
Signature of Applicant (or legal guardian if Junior member)			Date
Eligibility Information			
Name of Veteran Eligible Through Legion Member ID Number			
American Legion Post	Post #	City	State
Veteran: Living Deceased			
Veteran served in: WWI (4/6/17-11/11/18) WWI (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)			
Applicant's Relationship to the Veteran: (Step relatives are eligible) Mother Wife Daughter Granddaughter Granddaughter Grandmother 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.			
Signature: Date Dat			
Post Officer Membership Verification (Or Unit Secretary's Verification for Female Veterans Only)			
For Veteran's DD214 Discharge Papers: http://www.archives.gov/veterans/military-service-records/dd-214.html			
I am interested in learning more about the follow Paid-Up-For-Life Membership (VIM) Volunteering at a VA Medical Center Participating in Education Activities Working with Young People	wing: Scholarships Community Volunteerism / Ass Auxiliary Emergency Fund Helping with Unit Activities		īts
Recruiter's Name	Unit/Post #	City	State
The following individual(s) might also be interested in joining or volunteering.			
ease contact: Phone #			
	Phone #		
	Phone		

Mail Completed Applications to Your Department State Headquarters!

For Current Department Address go to: http://www.legion-aux.org/contactus_directory.aspx