



**MEMBERSHIP APPLICATION**  
**APPLICATION 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)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Month) (Day) (Year) Signature of Application (or legal guardian if under 18)

**ELIGIBILITY INFORMATION**

Eligible Through – Name of Veterans female Veterans: List Your Own Name

**If Living:** \_\_\_\_\_  
American Legion Member ID # Post # City State Zip

\_\_\_\_\_  
**Deceased:** If Veteran is deceased, contact the ALA unit above about the necessary military records.  
For Veteran’s DD214 Discharge Papers: [www.archives.gov/veterans/military-service-records](http://www.archives.gov/veterans/military-service-records)

**Veteran Served:** \_\_\_\_\_ WWI (4/6/1917 – 11/11/1918) Any time 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  
\_\_\_\_\_ Sister

\_\_\_\_\_ Female Spouse  
\_\_\_\_\_ Self

\_\_\_\_\_ Mother  
\_\_\_\_\_ Daughter

\_\_\_\_\_ Grandmother  
\_\_\_\_\_ Granddaughter

**To Be Completed By the American Legion Post Adjutant/Officer**

served at least one day of active duty during the dates marked above and was honorably discharged or is still serving honorably.

I certify that the above-named individual

\_\_\_\_\_  
Post Adjutant Officer Membership Verification

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Unit/Post # City State

Recruiter's Name

**Submit this application to the ALA unit you wish to join.**

**If the unit is unknown contact American Legion Auxiliary Department of Idaho at (208) 342-7066.**

**Annual dues must accompany completed application. Membership pending approval of application.**