



American Legion Auxiliary

MEMBERSHIP APPLICATION

Applicant Information

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

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E mail 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) _____

_____ living Deceased

Eligible Through Name of Veteran (if living must be American Legion member)

American Legion Member ID Number _____

Veteran's American Legion Post Name _____ Post # _____ City _____ State _____

Veteran Served: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> WWI (4/6/17-11/11/18) | <input type="checkbox"/> WWII (12/7/41-12/31/46) |
| <input type="checkbox"/> Merchant Marines (12/7/41-12/31/46) | <input type="checkbox"/> Korea (6/25/50-1/31/55) |
| <input type="checkbox"/> Vietnam (2/28/61-1/5/75) | <input type="checkbox"/> Lebanon/Grenada (8/24/84-7/31/84) |
| <input type="checkbox"/> Panama (12/20/89-1/30/90) | <input type="checkbox"/> Gulf War/War on Terroriwm (8/2/90) |

Applicants Relationship to the Veteran

- Mother Wife Grandmother Sister Self
- Direct Descendant (daughter, granddaughter, great daughter, etc.)

I certify that the above named individual served at least one day of aqctive duty during the dates marked above and was honorably discharged or is still serving honorably.

Post Adjutant Officer Membership Verification _____ ALA 05/2017 _____ / _____ / _____
 Month Day Year

Membership pending approval of application.