

AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name			
Address			
City	State	ZIP	
Home phone	Cell phone		
Email	Unit # and Location		
/ / Date of Birth (Required)	Birth - 17	☐ 18 and older	
Have you been a member previously?	Yes 🔲 No (If yes, fil	l in below, if known.)	
Previous Unit City/State		ALA ID#	
		/	/
Signature of Applicant (or legal guardian if under 18)		Date	

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.

ELIGIBILITY INFORMATION

		🖵 Living 🔲 De	eceased
Eligible Through-Name of Veteran <i>(if living, r</i>	must be American Legion men	nber)	
f Living:			
American Legion Member ID #	Post #	City	State
Deceased (If veteran is deceased, contact	ct ALA unit about the necess	ary military records.)	
Veteran served: (check all that ap	ply)		
■ WWI (4/6/1917-11/11/1918)	-11 +1+ 1-3		
☐ Anytime After 12/7/1941 (check	11.77	Помоли	
Global War on Terror	Lebanon/Grenada	□ WWII	
🖵 Gulf War	■ Vietnam	Other Conf	licts
Panama	Korea		
Applicant's relationship to the ve	teran:		
☐ Female Spouse	☐ Male Spouse	☐ Mother	
☐ Grandmother	Sister	☐ Self	
Direct Descendant (daughter, gr		3 5011	
Direct Descendant (daughter, gr	anddaugnter)		
To Be Completed By The American Legi			
I certify that the above named individual s			5
marked above and was honorably discharge	ged or is still serving honoral	oly.	
		/ /	
Post Adjutant/Officer Membership Verifica	tion	Date	



DUES RECEIPT (please print)

	Date			
Received from				
\$	for 20	_ due		
	Recruiter's name			
	Recruiter's signature			

Recruiter's phone #