



# American Legion Auxiliary APPLICATION FOR MEMBERSHIP

**Applicant Information**

Name \_\_\_\_\_  
(First) (M.I.) (Last)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Unit Number \_\_\_\_\_ Location \_\_\_\_\_

Senior (over 18)  
 Junior (birth - 18) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Birth date required for Junior 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:**

<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 (12/7/41-8/15/45 Only)
<input type="checkbox"/> Korea (6/25/50-1/31/55)	<input type="checkbox"/> Vietnam (2/28/61-5/7/75)	<input type="checkbox"/> Grenada/Lebanon (8/24/82-7/31/84)
<input type="checkbox"/> Panama (12/20/89-1/31/90)	<input type="checkbox"/> 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  Sister  Granddaughter  Great-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 \_\_\_\_\_  
 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 following:**

<input type="checkbox"/> Paid-Up-For-Life Membership (VIM)	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Volunteering at a VA Medical Center	<input type="checkbox"/> Community Volunteerism / Assistance	<input type="checkbox"/> Member Benefits
<input type="checkbox"/> Participating in Education Activities	<input type="checkbox"/> Auxiliary Emergency Fund	<input type="checkbox"/> Other _____
<input type="checkbox"/> Working with Young People	<input type="checkbox"/> Helping with Unit Activities	

Recruiter's Name \_\_\_\_\_ Unit/Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

The following individual(s) might also be interested in joining or volunteering.

**Please contact:** \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_

181-001e Rev. 12/05

**Mail Completed Applications to Your Department State Headquarters!**

*For Current Department Address go to:* [http://www.legion-aux.org/contactus\\_directory.aspx](http://www.legion-aux.org/contactus_directory.aspx)