

E-mail Address _____

Annual Dues: _____ \$25.00 _____



American Legion Auxiliary

APPLICATION FOR MEMBERSHIP

Please type or print

Applicant's Full Name _____
(First) (MI) (Last)

_____/_____/_____
(Date of Birth)

- Senior (over 18)
- Junior (birth-18)

(Mailing Address)

(City) (State) (ZIP)

(Work/Home Phone Number)

(Unit Number & Location)

I am eligible for membership through the military service of _____
(Full Name)

Living Deceased He/She is a member of: _____
(American Legion Post) (Post #) (City) (State)

The veteran, Living or Deceased, served in:

- WWI (4/6/17-11/11/18)
- WWII (12/7/41-12/31/46)
- Merchant Marines (12/7/41-8/15/45 only eligibility)
- 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)

Applicant's Relationship to the Veteran:

- Mother
 - Wife
 - Sister
 - Daughter
 - Grandmother
 - Granddaughter
 - Great-Granddaughter
 - Self
- (Step relatives are eligible)

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged.

Signature of Applicant: _____

Date: _____

Post Officer Membership Verification _____

Date: _____

Or Unit Secretary's Verification for Female Veterans Only