



American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

(return completed application to local contact or recruiter)

Applicant Information

Eligibility Information

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

Address

City State Zip

Work Phone Home Phone

E-mail address

Date of Birth Birth - 17 18 and over

Signature of Applicant (or legal guardian if under 18) Date

Annual dues must accompany completed application. Ask local contact or recruiter for amount due.

Eligible Through-Name of Veteran Living Deceased (if living, must be American Legion member)

Veteran's American Legion Post Post # City State

Veteran served: (check all that apply) WWI, Korea, Lebanon/Grenada, Gulf War/War on Terrorism, WWII, Vietnam, Panama

Applicant's Relationship to the Veteran: (Step relatives are eligible) Mother, Wife, Daughter, Sister, Grandmother, Granddaughter, Great-Granddaughter, 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.

Post Officer Membership Verification (or Unit Secretary's Verification for Female Veterans Only) Date



There are many opportunities for involvement in the American Legion Auxiliary Help us get you connected!

I am interested in learning more about:

- Paid-Up-For-Life Membership (VIM), Volunteering for Veterans, Educational Activities, Youth Activities, Scholarships, Community Service, Auxiliary Emergency Fund, Local Unit Activities, Fundraising, Member Discounts and Services, Activities to support active duty military and families, Other

Recruiter's Name Unit/Post # City State

Please contact the following individual(s) about volunteering or joining the Auxiliary:

Name Phone Email Name Phone Email Name Phone Email