



American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Please print in black ink only.

Applicant Information

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

Address _____

City _____ State _____ Zip _____

Phone (Work) _____ (Home) _____

E-mail address _____ Date of Birth _____

Senior (over 18)

Junior (birth - 18)

Unit Number & Location _____

Signature of Applicant (or legal guardian if Junior member) _____ Date _____

Eligibility Information

Name of Veteran Eligible Through _____

American Legion Post _____ Post # _____ City _____ State _____

Veteran: Living Deceased

Legion Member ID Number _____

Veteran served in:

- WWII (12/7/41-12/31/46)
- Korea (6/25/50-1/31/55)
- Grenada/Lebanon (8/24/82-7/3/84)
- Vietnam (2/28/67-3/7/75)
- Panama (12/20/89-1/31/90)

- Merchant Marines (12/7/41-8/15/45 Only)
- 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 Daughter Granddaughter Grandmother
- Wife Sister 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 _____ Date _____

Or Unit Secretary's Verification for Female Veterans Only _____