



# American Legion Auxiliary MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth (Required) \_\_\_\_\_  Birth - 17  18 and over Unit # \_\_\_\_\_ Location \_\_\_\_\_

Have you been a member previously?  Yes  No (If yes, fill in below.)

Previous Unit City/State \_\_\_\_\_ ALA ID # (if known) \_\_\_\_\_  
/ /

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

## ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) \_\_\_\_\_

If Living: American Legion Member ID # \_\_\_\_\_ Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Deceased—If veteran is deceased, contact ALA unit about the necessary military records.  
For Veteran's DD214 Discharge Papers: [www.archives.gov/veterans/military-service-records](http://www.archives.gov/veterans/military-service-records)

**Veteran Served:**

WWI (4/6/1917-11/11/1918)

Anytime After 12/7/1941 (check all that apply):

Global War on Terror  Panama  Vietnam  WWII

Gulf War  Lebanon/Grenada  Korea  Other Conflicts

**Applicant's Relationship to the Veteran:**

Male Spouse  Female Spouse  Mother  Grandmother  Sister  Self

Daughter  Granddaughter

**To Be Completed By The American Legion Post Adjutant/Officer**

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 Adjutant/Officer Membership Verification \_\_\_\_\_ Date \_\_\_\_\_

## HELP US GET YOU CONNECTED!

I am interested in learning more about:

Volunteering for Veterans, Military, and Their Families

Youth Activities, Including ALA Girls State, Junior Member Programs, and Scholarships

Member Discounts and Services

Other

Please contact the following individual about volunteering or joining the American Legion Auxiliary:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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

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.*