



# AMERICAN LEGION AUXILIARY - MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

## ELIGIBILITY INFORMATION

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

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

Address

American Legion Member ID Number

City State Zip

Veteran's American Legion Post Name Post # City State

Home Phone Cell Phone

Email Address Unit # and Location

Date of Birth (Required)  Birth - 17  18 and over

Have you been a member previously?  Yes  No

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

**Mail completed application to American Legion Auxiliary department/state headquarters.**  
Annual dues must accompany completed application. Ask local contact for amount due.  
For current department address go to: [www.ALAFORVeterans.org](http://www.ALAFORVeterans.org) and click Join.  
Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine.  
**Membership pending approval of application.**

### Veteran Served: (check all that apply)

- WWI (4/6/17-11/11/18)
- WWII (12/7/41-12/31/46)
- Merchant Marines (12/7/41-12/31/46)
- Korea (6/25/50-1/31/55)
- Vietnam (2/28/61-5/7/75)
- Lebanon/Grenada (8/24/82-7/31/84)
- Panama (12/20/89-1/31/90)
- Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)

### Applicant's Relationship to the Veteran:

- 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 Adjutant/Officer Membership Verification ALA 04/2015 Date