



# American Legion Auxiliary APPLICATION FOR MEMBERSHIP

## Applicant Information

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Unit Number \_\_\_\_\_ Location \_\_\_\_\_  
 Senior (over 18)  
 Junior (birth - 18) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Birth date required for Junior members)

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

## Eligibility Information

Name of Veteran Eligible Through \_\_\_\_\_ Legion Member ID Number \_\_\_\_\_

American Legion Post \_\_\_\_\_ Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Veteran:  Living  Deceased

**Veteran 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)  
 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 as determined by the US Government)

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 Post Officer Membership Verification (Or Unit Secretary's Verification for Female Veterans Only)

*For Veteran's DD214 Discharge Papers go to:* <http://www.archives.gov/veterans/military-service-records/dd-214.html>

**I am interested in learning more about the following:**

Paid-Up-For-Life Membership (VIM)  Scholarships  Fundraising  
 Volunteering at a VA Medical Center  Community Volunteerism / Assistance  Member Benefits  
 Participating in Education Activities  Auxiliary Emergency Fund  Other \_\_\_\_\_  
 Working with Young People  Helping with Unit Activities

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

The following individual(s) might also be interested in joining or volunteering.

**Please contact:** \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_

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**Mail Completed Applications to Your Department State Headquarters!**

*For Current Department Address go to:* <http://www.legion-aux.org/ContactUs/StateDirectory/Index.aspx>