



**American
Legion
Auxiliary**

APPLICATION FOR MEMBERSHIP

Please type or print

Applicant's Full Name _____ Senior (over 18)
 Junior (birth - 18)

(First) (MI) (Last) (Date of Birth)

(Mailing Address) (Work/Home Phone Number(s))

(City) (State) (ZIP) (Unit Number & Location)

I am eligible for membership through the military service of _____
 (Full Name)

Living Deceased He/She is a member of: _____
 (American Legion Post) (Post #) (City) (State)

The veteran, Living or Deceased, served in:

- WWI (4/6/17-11/11/18)
- WWII (12/7/41-12/31/46)
- 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)

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

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged.

Signature of Applicant: _____ Date: _____

Post Officer Membership Verification _____ Date: _____

Or Unit Secretary's Verification for Female Veterans Only

American Legion Auxiliary
Receipt of Dues
 (Please Print)

From \$ _____ for _____ (membership year) Unit # _____ Dept. _____

Recruiter's Printed Name: _____
 Recruiter's Signature: _____
 Recruiter's Phone #: _____

I am interested in learning more about the following:

- Volunteering at a VA Medical Center
- Helping with Unit Activities
- Working with Young People
- Participating in Educational Activities
- Fund-Raising Projects
- Community Volunteerism/Assistance

Check the member benefits on which you would like more information:

- Paid-Up-For-Life Membership (VIM)
- Auxiliary Emergency Fund
- Car Rental
- Displaced Homemakers Fund
- Supplemental Insurance
- Scholarships
- Moving Discounts
- Dental Care Plan
- Credit Card
- Long Distance Phone Service
- Eye Care Plan
- Other: _____
- Financial Services
- Prescription Discounts

Recruiter's Name (Unit/Post #) (City) (State)

The following individual(s) might also be interested in helping.

Please contact: _____ Phone # _____
 _____ Phone # _____



Thank You