

# AMERICAN LEGION AUXILIARY APPLICATION FOR MEMBERSHIP

Please type or print:

Mrs/Miss/Ms \_\_\_\_\_ (Applicant's Full Name) \_\_\_\_\_ (Birth Date)  Senior (Over 18)  
 Junior

\_\_\_\_\_ (Mailing Address) \_\_\_\_\_ (Work/Home Phone)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Unit Number/Location)

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

Living He/she is a member of: \_\_\_\_\_ (American Legion Post) \_\_\_\_\_ (Post #) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip)  
 Deceased

The veteran, living or deceased, served in: Applicant's Relationship to the Veteran:

<input type="checkbox"/> WWI (4/8/17-11/11/18)	<input type="checkbox"/> WWII (12/7/41-12/31/46)	<input type="checkbox"/> Mother	<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Korea (6/25/50-1/31/55)	<input type="checkbox"/> Vietnam (12/22/61-5/7/75)	<input type="checkbox"/> Wife	<input type="checkbox"/> Great-Granddaughter
<input type="checkbox"/> Grenada/Lebanon (8/24/82-7/31/84)	<input type="checkbox"/> Panama (12/20/89-1/31/90)	<input type="checkbox"/> Sister	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Persian Gulf War (8/2/90 until cessation of hostilities)		<input type="checkbox"/> Daughter	<input type="checkbox"/> 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 or Unit Sec'y Verification for Female Veterans Only) \_\_\_\_\_ (Date)

**For Mail-In Applicants Only:**

Dues Paid: \$ \_\_\_\_\_ Payment:  Check  MO  MC  Visa Account No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am interested in learning more about the following:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Volunteering at a VA Medical Center     | <input type="checkbox"/> Helping with Unit Activities | <input type="checkbox"/> Working with Young People         |
| <input type="checkbox"/> Participating in Educational Activities | <input type="checkbox"/> Fund-Raising Projects        | <input type="checkbox"/> Community Volunteerism/Assistance |

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Paid-Up-For-Life Membership | <input type="checkbox"/> Auxiliary Emergency Fund | <input type="checkbox"/> Car Rental                        |
| <input type="checkbox"/> Displaced Homemakers Fund   | <input type="checkbox"/> Supplemental Insurance   | <input type="checkbox"/> Scholarships/Continuing Education |
| <input type="checkbox"/> Moving Discounts            | <input type="checkbox"/> Eye Care Plan            | <input type="checkbox"/> Credit Card                       |
| <input type="checkbox"/> Mednet Prescription Plan    | <input type="checkbox"/> Other: _____             |  |

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

The following individual(s) might also be interested in helping. Please contact: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_