



American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Applicant Information

Please print in black ink only.

Eligibility Information

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

Address

City State Zip

Phone (Work) (Home)

E-mail address Date of Birth

Unit Number & Location Senior (over 18) Junior (birth - 18)

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

Name of Veteran Eligible Through

American Legion Post Post # City State

Legion Member ID Number Veteran: Living Deceased

- Veteran served in:
- WWI (4/6/17-11/11/18)
 - Merchant Marines (12/7/41-8/15/45 Only)
 - Vietnam (2/28/61-5/7/75)
 - Panama (12/20/89-1/31/90)
 - WWII (12/7/41-12/31/46)
 - Korea (6/25/50-1/31/55)
 - Grenada/Labanon (8/24/82-7/31/84)
 - 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 Daughter Granddaughter
 - Wife Sister Great-Granddaughter Self
 - Grandmother

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 Officer Membership Verification Or Unit Secretary's Verification for Female Veterans Only Date