

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 _____	<input type="checkbox"/> Senior (over 18) <input type="checkbox"/> 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: <input type="checkbox"/> Living <input type="checkbox"/> Deceased	
Veteran served in:	
<input type="checkbox"/> WWI (4/6/17-11/11/18)	<input type="checkbox"/> WWII (12/7/41-12/31/46)
<input type="checkbox"/> Korea (6/25/50-1/31/55)	<input type="checkbox"/> Vietnam (2/28/61-5/7/75)
<input type="checkbox"/> Panama (12/20/89-1/31/90)	<input type="checkbox"/> Persian Gulf War (8/2/90 until cessation of hostilities as determined by the US Government)
<input type="checkbox"/> Merchant Marines (12/7/41-8/15/45 Only)	
<input type="checkbox"/> Grenada/Lebanon (8/24/82-7/31/84)	
Applicant's Relationship to the Veteran: <i>(Step relatives are eligible)</i>	
<input type="checkbox"/> Mother <input type="checkbox"/> Wife <input type="checkbox"/> Daughter <input type="checkbox"/> Sister <input type="checkbox"/> Granddaughter <input type="checkbox"/> Great-Granddaughter <input type="checkbox"/> Grandmother <input type="checkbox"/> 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: http://www.archives.gov/veterans/military-service-records/dd-214.html	

I am interested in learning more about the following:		
<input type="checkbox"/> Paid-Up-For-Life Membership (VIM)	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Volunteering at a VA Medical Center	<input type="checkbox"/> Community Volunteerism / Assistance	<input type="checkbox"/> Member Benefits
<input type="checkbox"/> Participating in Education Activities	<input type="checkbox"/> Auxiliary Emergency Fund	<input type="checkbox"/> Other _____
<input type="checkbox"/> Working with Young People	<input type="checkbox"/> 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_directory.aspx