



**American
Legion
Auxiliary**

APPLICATION FOR MEMBERSHIP

Please type or print

Applicant's

Full Name _____

(First)

(MI)

(Last)

_____/_____/_____
(Date of Birth)

Senior (over 18)

Junior (birth - 18)

(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

as determined by the US Government)

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 #: _____



Thank You

A:\membapp.doc

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 (VIM) | <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 |
| <input type="checkbox"/> Moving Discounts | <input type="checkbox"/> Dental Care Plan | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Prescription Discounts | <input type="checkbox"/> Eye Care Plan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Financial Services | | |

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

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

Please contact: _____ Phone # _____

_____ Phone # _____

_____ Phone # _____