



American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Please print in black ink only.

Applicant Information

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

X Address

X City (State) (Zip)

Phone (Work) (Home)

X E-mail address Date of Birth

- Senior (over 18)
- Junior (birth - 18)

Unit Number & Location

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

Eligibility Information

X Name of Veteran Eligible Through

X American Legion Post **X** Post # **X** City **X** State

X Veteran: Living Deceased

X Legion Member ID Number
** If living, veteran must be a current member of the American Legion

- X** 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"/> Merchant Marines (12/7/41-8/15/45 Only) | <input type="checkbox"/> Korea (6/25/50-1/31/55) |
| <input type="checkbox"/> Vietnam (2/28/61-5/7/75) | <input type="checkbox"/> Grenada/Lebanon (8/24/82-7/31/84) |
| <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) |

- X** Applicant's Relationship to the Veteran:
- | | | | |
|---------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Daughter | <input type="checkbox"/> Granddaughter | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Wife | <input type="checkbox"/> Sister | <input type="checkbox"/> Great-Granddaughter | <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.

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