



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

He/She is a member of: \_\_\_\_\_

Deceased

(American Legion Post)

(Post #)

(City)

(State)

**The veteran, Living or Deceased, served in:**

WWI (4/6/17 - 11/11/18)

Vietnam (2/28/61 - 5/7/75)

WWII (12/7/41 - 12/31/46)

Grenada/Lebanon (8/24/82 - 7/31/84)

Merchant Marines (12/7/41 - 8/15/45 only)

Panama (12/20/89 - 1/31/90)

Korea (6/25/50 - 1/31/55)

Persian Gulf War (8/2/90 to cessation of hostilities)

**Applicant's Relationship to the Veteran:** (Step relatives are eligible)

Mother

Grandmother

Wife

Granddaughter

Sister

Great-Granddaughter

Daughter

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 of Applicant:** \_\_\_\_\_

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

Post Officer Membership Verification \_\_\_\_\_

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

or Unit Secretary's Verification for Female Veterans Only