

AMERICAN LEGION AUXILIARY APPLICATION FOR MEMBERSHIP



Please type or print:

Mrs/Miss/Ms _____

(Applicant's Full Name)

_____ (Birth Date)

- Senior (Over 18)
 Junior

_____ (Mailing Address)

_____ (Work/Home Phone)

_____ (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: _____

(American Legion Post)

(Post #)

(City)

_____ (State/Zip)

Deceased

The veteran living or deceased served in:

Applicants relationship to the Veteran:

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

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

Mother

Granddaughter

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

Vietnam (12/22/61-5/7/75)

Wife

Great-Granddaughter

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

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

Sister

Grandmother

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

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 or Unit Sec'y Verification for Female Veterans Only)

_____ (Date)

I am interested in learning more about:

Volunteering at a VA Medical Center

Helping with Unit Activities

Working with Young People

Participating in Educational Activities

Fund-Raising Projects

Community Volunteering/Assistance

Check the member benefits on which you would like more information:

Paid Up for Life Membership (VIM)

Auxiliary Emergency Fund

Eye Care Plan

Credit Card

Displaced Homemakers Fund

Financial Services

Prescription Discounts

Other: _____

Moving Discounts

Supplemental Insurance

Car Rental

Long Distance Phone Service

Dental Care Plan

Scholarships

_____ Recruiter's Name

_____ (Unit/Post #)

_____ (City)

_____ (State)