

**Include check for \$30.00; mail to American Legion Auxiliary,
P.O. Box 473, Fairhope, AL 36533**



American Legion Auxiliary MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name _____		
(First)	(M.I.)	(Last)
Address _____		
City _____ State _____ ZIP _____		
Home Phone _____		Cell Phone _____
/ /		Email Address _____
Date of Birth (Required) _____		Unit # _____
<input type="checkbox"/> Birth - 17 <input type="checkbox"/> 18 and over		Location _____
Have you been a member previously? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, fill in below.)		
Previous Unit City/State _____		ALA ID # (if known) _____
/ /		Date _____
Signature of Applicant (or legal guardian if under 18) _____		

ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) _____			
If Living: _____			
American Legion Member ID # _____	Post # _____	City _____	State _____
<input type="checkbox"/> Deceased—If veteran is deceased, contact ALA unit about the necessary military records. For Veteran's DD214 Discharge Papers: www.archives.gov/veterans/military-service-records			
Veteran Served:			
<input type="checkbox"/> WWI (4/6/1917-11/11/1918)			
<input type="checkbox"/> Anytime After 12/7/1941 (check all that apply):			
<input type="checkbox"/> Global War on Terror	<input type="checkbox"/> Panama	<input type="checkbox"/> Vietnam	<input type="checkbox"/> WWII
<input type="checkbox"/> Gulf War	<input type="checkbox"/> Lebanon/Grenada	<input type="checkbox"/> Korea	<input type="checkbox"/> Other Conflicts
Applicant's Relationship to the Veteran:			
<input type="checkbox"/> Male Spouse	<input type="checkbox"/> Female Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Daughter	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Sister	<input type="checkbox"/> Self
To Be Completed By The American Legion Post Adjutant/Officer			
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 Adjutant/Officer Membership Verification _____			Date _____

HELP US GET YOU CONNECTED!

I am interested in learning more about:			
<input type="checkbox"/> Volunteering for Veterans, Military, and Their Families			
<input type="checkbox"/> Youth Activities, Including ALA Girls State, Junior Member Programs, and Scholarships			
<input type="checkbox"/> Member Discounts and Services			
<input type="checkbox"/> Other			
Please contact the following individual about volunteering or joining the American Legion Auxiliary:			
Name _____	Phone _____	Email _____	
Name _____	Phone _____	Email _____	
Name _____	Phone _____	Email _____	
Recruiter's Name _____	Unit/Post # _____	City _____	State _____

Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 569-4500 for assistance. Annual dues must accompany completed application. Ask local contact for amount due. *Membership pending approval of application.*