

### APPLICANT INFORMATION

Name (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

/ / ☐ Birth - 17 ☐ 18 and over

Date of Birth (Required) \_\_\_\_\_ Unit # \_\_\_\_\_ Location \_\_\_\_\_

Have you been a member previously? ☐ Yes ☐ No (If yes, fill in below.)

Previous Unit City/State \_\_\_\_\_ ALA ID # (if known) \_\_\_\_\_

/ /

Signature of Applicant (or legal guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

### ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) \_\_\_\_\_

If Living: American Legion Member ID # \_\_\_\_\_ Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

☐ 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](http://www.archives.gov/veterans/military-service-records)

**Veteran Served:**

☐ WWI (4/6/1917-11/11/1918)

☐ Anytime After 12/7/1941 (check all that apply):

☐ Global War on Terror ☐ Panama ☐ Vietnam ☐ WWII

☐ Gulf War ☐ Lebanon/Grenada ☐ Korea ☐ Other Conflicts

**Applicant's Relationship to the Veteran:**

☐ Male Spouse ☐ Female Spouse ☐ Mother ☐ Grandmother ☐ Sister ☐ Self

☐ Daughter ☐ Granddaughter

#### 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:

- ☐ Volunteering for Veterans, Military, and Their Families
- ☐ Youth Activities, Including ALA Girls State, Junior Member Programs, and Scholarships
- ☐ Member Discounts and Services
- ☐ Other

**\$45= 18y.o. & up**

**\$6.25= under 18**

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 \_\_\_\_\_