



# American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Please print in black ink only.

## Applicant Information

## Eligibility Information

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

Address

City State Zip

Phone (Work) (Home)

E-mail address Date of Birth  
 Senior (over 18)  
 Junior (birth - 18)

Unit Number & Location

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

Name of Veteran Eligible Through

American Legion Post Post # City State

Veteran:  Living  Deceased

Legion Member ID Number

### 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) |

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

- |                                 |                                   |  |                                      |
|---------------------------------|-----------------------------------|--|--------------------------------------|
| <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