



# AMERICAN LEGION AUXILIARY - MEMBERSHIP APPLICATION

APPLICANT INFORMATION

ELIGIBILITY INFORMATION

#449



**DUES RECEIPT**  
(Please Print)

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

Eligible Through-Name of Veteran (if living, must be American Legion member)  Living  Deceased

Address

American Legion Member ID Number

City State Zip

Veteran's American Legion Post Name Post # City State

Home Phone Cell Phone

**Veteran Served: (check all that apply)**

Email Address Unit # and Location

- WWI (4/6/17-11/11/18)
- WWII (12/7/41-12/31/46)
- Merchant Marines (12/7/41-12/31/46)
- Korea (6/25/50-1/31/55)
- Vietnam (2/28/61-5/7/75)
- Lebanon/Grenada (8/24/82-7/31/84)
- Panama (12/20/89-1/31/90)
- Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)

Date of Birth (Required)  Birth - 17  18 and over

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

Have you been a member previously?  Yes  No

- Mother  Wife  Grandmother  Sister  Self
- Direct Descendant (daughter, granddaughter, great granddaughter, etc.)

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

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 ALA 08/2016 Date

**Mail completed application to American Legion Auxiliary department/state headquarters.**  
Annual dues must accompany completed application. Ask local contact for amount due.  
For current department address go to: [www.ALAforVeterans.org](http://www.ALAforVeterans.org) and click Join.  
Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine.  
**Membership pending approval of application.**

Date \_\_\_\_\_

Received From \_\_\_\_\_

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ D \_\_\_\_\_

Recruiter's Name \_\_\_\_\_

Recruiter's Signature \_\_\_\_\_

Recruiter's Phone # \_\_\_\_\_