

We Noticed Your

American Flag Veterans Tag

If you're a veteran, servicemember or direct relative, please join The American Legion Family to help us make a difference, promote patriotism, and serve America in your local community.



AMERICAN LEGION AUXILIARY APPLICANT INFORMATION Yearly Membership Dues Only:

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

Address

City State Zip

Home Phone Cell Phone

Email Address Unit # and Location

Have you been a member previously? Yes No Date of Birth (Required): ____/____/____

Living Deceased

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

American Legion Member ID Number

Veteran's American Legion Post Name Post # City State

Veteran Served: (check all that apply)
 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) Persian Gulf/War on Terrorism (8/2/90 until cessation of hostilities)

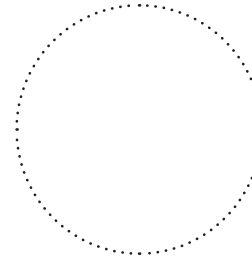
Applicant's Relationship to the Veteran:
 Mother Wife Daughter Sister Self
 Direct Descendant (daughter, granddaughter, great-granddaughter, etc.)

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 Date

Annual dues must accompany completed application. Return completed application to the contact listed on backside. Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine. **Membership pending approval of application.**



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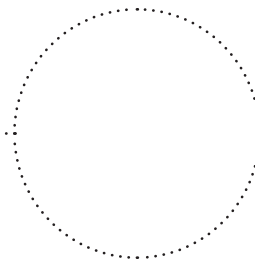
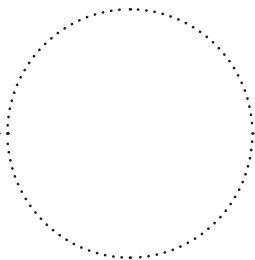
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**THE AMERICAN LEGION
APPLICANT INFORMATION
Yearly Membership Dues Only:**



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APPLICANT INFORMATION
Yearly Membership Dues Only:**

Name _____
 (First) (Initial) (Last)

Address _____
 (Street) (City) (State) (Zip)

Phone _____

Email _____

 (Membership ID# Former Number) (Post #) (Date)

Name _____
 (First) (Initial) (Last)

Address _____
 (Street) (City) (State) (Zip)

Phone _____

Email _____

 (Membership ID# Former Number) (Post #) (Date)

- Please check appropriate eligibility dates and branch of service below:**
- WWI (4/6/17-11/11/18)
 - WWII (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)
 - Persian Gulf/War on Terrorism (8/2/90 until cessation of hostilities)
 - U.S. Army
 - U.S. Navy
 - U.S. Air Force
 - U.S. Marines
 - U.S. Coast Guard
 - Merchant Marines (12/7/41-12/31/46 - Only Eligibility)

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 - U.S. Air Force
 - U.S. Marines
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 - Merchant Marines (12/7/41-12/31/46 - Only Eligibility)

I certify that I served at least one day of active military duty during the dates marked above and was honorably discharged or am still serving honorably.

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Signed By Applicant _____

Signed By Applicant _____

Name of Recruiter _____

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ALA 01/2017

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**SONS OF THE AMERICAN LEGION
APPLICANT INFORMATION
Yearly Membership Dues Only:**



**SONS OF THE AMERICAN LEGION
APPLICANT INFORMATION
Yearly Membership Dues Only:**

Date _____ Detachment of _____ Squadron No. _____

Birth Date _____ Recruited by _____

Name _____
 (First) (Initial) (Last)

Address _____
 (Street) (City) (State) (Zip)

Phone _____ Veteran through whom eligibility is established _____

(a) Above is a member in good standing of Post No. _____ Department of _____

OR (b) Above is a deceased veteran who served honorably from _____ to _____

(c) Relationship of Applicant to Veteran _____

Has Applicant previously been a member of the SAL? _____ Where? _____
 I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

Email Address _____ Transmit \$ _____

for 20 _____ annual membership dues _____

Signed By Applicant (or Parent) _____ Eligibility certified by _____

Annual dues must accompany completed application. Return completed application to the contact listed below. For more information, visit www.legion.org/sons.

Date _____ Detachment of _____ Squadron No. _____

Birth Date _____ Recruited by _____

Name _____
 (First) (Initial) (Last)

Address _____
 (Street) (City) (State) (Zip)

Phone _____ Veteran through whom eligibility is established _____

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For questions, and to submit this application, please contact:

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