



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.**

American Legion Auxiliary – Helping Veterans Since 1919



THE AMERICAN LEGION APPLICANT INFORMATION Yearly Membership Dues Only:

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:

- | | |
|--|---|
| <input type="checkbox"/> WWI (4/6/17-11/11/18) | <input type="checkbox"/> U.S. Army |
| <input type="checkbox"/> WWII (12/7/41-12/31/46) | <input type="checkbox"/> U.S. Navy |
| <input type="checkbox"/> Korea (6/25/50-1/31/55) | <input type="checkbox"/> U.S. Air Force |
| <input type="checkbox"/> Vietnam (2/28/61-5/7/75) | <input type="checkbox"/> U.S. Marines |
| <input type="checkbox"/> Lebanon/Grenada (8/24/82-7/31/84) | <input type="checkbox"/> U.S. Coast Guard |
| <input type="checkbox"/> Panama (12/20/89-1/31/90) | <input type="checkbox"/> Merchant Marines (12/7/41-12/31/46 - Only Eligibility) |
| <input type="checkbox"/> Persian Gulf/War on Terrorism (8/2/90 until cessation of hostilities) | |

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.

Signed By Applicant _____

Name of Recruiter _____

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

ALA 01/2017



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.

ALA 01/2017

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