



**American  
Legion  
Auxiliary**

# APPLICATION FOR MEMBERSHIP

*Please type or print*

Applicant's

Full Name \_\_\_\_\_

*(First)*

*(MI)*

*(Last)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*(Date of Birth)*

Senior *(over 18)*

Junior *(birth - 18)*

\_\_\_\_\_  
*(Mailing Address)*

\_\_\_\_\_  
*(Work/Home Phone Number(s))*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(ZIP)*

\_\_\_\_\_  
*(Unit Number & Location)*

I am eligible for membership through the military service of \_\_\_\_\_

*(Full Name)*

Living

He/She is a member of: \_\_\_\_\_

Deceased

*(American Legion Post)*

*(Post #)*

*(City)*

*(State)*

The veteran, Living or Deceased, served in:

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)*

Grenada/Lebanon *(8/24/82-7/31/84)*

Panama *(12/20/89-1/31/90)*

Persian Gulf War *(8/2/90 until cessation of hostilities  
as determined by the US Government)*

Applicant's Relationship to the Veteran:

Mother

Granddaughter

Wife

Great-Granddaughter

Sister

Grandmother

Daughter

Self

*(Step relatives are eligible)*

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Post Officer Membership Verification* \_\_\_\_\_

**Date:** \_\_\_\_\_

*Or Unit Secretary's Verification for Female Veterans Only*