



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)

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