



**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