



# American Legion Auxiliary MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Birth - 17  18 and over

Date of Birth (Required) \_\_\_\_\_ Unit # \_\_\_\_\_ Location \_\_\_\_\_

Have you been a member previously?  Yes  No (If yes, fill in below.)

Previous Unit City/State \_\_\_\_\_ ALA ID # (if known) \_\_\_\_\_  
/ /

Signature of Applicant (or legal guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

## ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) \_\_\_\_\_

If Living: \_\_\_\_\_  
American Legion Member ID # \_\_\_\_\_ Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Deceased—If veteran is deceased, contact ALA unit about the necessary military records.  
For Veteran's DD214 Discharge Papers: [www.archives.gov/veterans/military-service-records](http://www.archives.gov/veterans/military-service-records)

**Veteran Served:**

WWI (4/6/1917-11/11/1918)

Anytime After 12/7/1941 (check all that apply):

Global War on Terror  Panama  Vietnam  WWII  
 Gulf War  Lebanon/Grenada  Korea  Other Conflicts

**Applicant's Relationship to the Veteran:**

Male Spouse  Female Spouse  Mother  Grandmother  Sister  Self  
 Daughter  Granddaughter

**To Be Completed By The American Legion Post Adjutant/Officer**

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

## HELP US GET YOU CONNECTED!

**I am interested in learning more about:**

Volunteering for Veterans, Military, and Their Families  
 Youth Activities, Including ALA Girls State, Junior Member Programs, and Scholarships  
 Member Discounts and Services  
 Other

Please contact the following individual about volunteering or joining the American Legion Auxiliary:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Recruiter's Name \_\_\_\_\_ Unit/Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mail or bring this Membership Application Form, a copy of your proof for eligibility and a check payable to American Legion Auxiliary  
Unit 25, 7609 Marshall Ave, Newport News, VA 23605. 2019-2020 Due \$36.00 for Senior Membership \$7.50 for Junior Membership.