



**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