



# American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Please print in black ink only.

## Applicant Information

## Eligibility Information

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

Name of Veteran Eligible Through

Address

American Legion Post Post # City State

City State Zip

Legion Member ID Number Veteran:  Living  Deceased

Phone (Work) (Home)

**Veteran served in:**  
 WWI (4/6/17-11/11/18)  WWII (12/7/41-12/31/46)  
 Merchant Marines (12/7/41-8/15/45 Only)  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)

E-mail address Date of Birth

**Applicant's Relationship to the Veteran:** (Step relatives are eligible)  
 Mother  Daughter  Granddaughter  Grandmother  
 Wife  Sister  Great-Granddaughter  Self

Unit Number & Location

Senior (over 18)  
 Junior (birth - 18)

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.

Signature of Applicant (or legal guardian if Junior member) Date

Post Officer Membership Verification Or Unit Secretary's Verification for Female Veterans Only Date