

Recruiter's Name

American Legion Auxiliary MEMBERSHIP APPLICATION

		— APPLICA	ANT INFORMATION	ON ———		
Name	(First)		(M.I.)		(Last)	
Address						
City			State	ZIP		
Home Phone Cell Phone				Email Address		
/	/ 🛄 Birth - 1	7 🔲 18 and	over			
Date of Birth (F	Required)		Unit #		Location	
Have you beer	n a member previously? 🔲 Yes	s ☐ No (If y	es, fill in below.)			
Previous Unit (City/State			A	LA ID # (if known)	
Signature of Applicant <i>(or legal guardian if under 18)</i>				/ /		
Signature of Ap	oplicant (or legal guardian if unde	r 18)			Date	
		— ELIGIBIL	ITY INFORMATIO	ON ———		
Eligible Throug	h—Name of Veteran <i>(Female Ve</i>	storano: Liet Verr	Own Name)			
	jii—ivaille oi veteran (<i>Female Ve</i>	nerans. LIST YOUR	Own Name)			
If Living:Ar	merican Legion Member ID #	Post #		City		State
Deceased-	-If veteran is deceased, contact A 's DD214 Discharge Papers: ww			cords.		
Veteran Serv						
	917-11/11/1918) er 12/7/1941 (check all that appl _'	y):				
☐ Global War on Terror ☐ Panama ☐ Vietnam ☐ Gulf War ☐ Lebanon/Grenada ☐ Korea				WWII		
	Relationship to the Veteran		☐ Korea	Other Conflicts	5	
☐ Male Spous☐ Daughter		☐ Mother	☐ Grandmother	☐ Sister	☐ Self	
	leted By The American Lege above named individual served g honorably.			ne dates marked ab	ove and was honorably	y discharged
Post Adjutant/0	Officer Membership Verification				/ / / / / / / Date	
		LIEL DILIC OF	ET VOUL CONNEC	TED!		
☐ Volunteel☐ Youth Act☐ Member☐ Other	d in learning more about: ring for Veterans, Military, and Th tivities, Including ALA Girls State, Discounts and Services	eir Families Junior Member F		rships		
Please contact	the following individual about vo	iunteering or joini	ing the American Legic	on Auxiliary:		
Name			Phone	_	Email	
Nama						
Name			Phone		Email	

State

City

Unit/Post #