

THE AMERICAN LEGION - MEMBERSHIP APPLICATION

A STATE OF THE STA				
Name				
(First)	(Initial)	(Last)	(Phone)	Willing Control
Address	(0)			— DUES RECEIPT
(Street)	(City)	(State)	(Zip)	(Please Print)
(Membership ID# Former Member)	(Email)	(Post #)	(Date)	
Please check appropriate eligibil	ity dates and branch of service b	elow:		Date
☐ WWI (4/6/17-11/11/18) ☐ WWII (12/7/41-12/31/46)	U.S. Army U.S. Navy			
☐ Korea (6/25/50-1/31/55)	■ U.S. Air Force			Received From
☐ Vietnam (2/28/61-5/7/75)	U.S. Marines			• \$ for 20 Du
☐ Lebanon/Grenada (8/24/82-7/31/84) ☐ Panama (12/20/89-1/31/90)	☐ U.S. Coast Guard ☐ Merchant Marines (12/7/41-12/31/	16 Only Eligibility)		\$for 20 Du
☐ Gulf War/War on Terrorism (8/2/90 until		46 - Orlly Eligibility)		
I certify that I served at least one day of active military duty of	during the dates marked above and was ho	norably discharged or am still serving honor	rably.	Recruiter's Name
				Recruiter's Signature
Signed By Applicant		Name of Recruiter		
Mail completed application to The American Leg	ion National Headquarters, Attn: In	ternal Affairs. Annual dues must ac	company completed application. Ask	Recruiter's Phone #
contact for amount due. For current Department a	daress go to: www.legion.org.		AL	11/2011
SONS OF THE A	MERICAN LEGI	ON – MEMBERS	HIP APPLICATIO	N
Date				
Detachment of	Squadron No.	Dieth	Date	RICAS
	Oquadion No		Date	_ :
Name(First) (Initial)	(Last)	Recruited by(Initial)	(Last)	DUES RECEIPT
Address			,	(Please Print)
(Street)	(City)	(State) (Zip)	(Phone)	_
				Date
(a) Above is a member in good standing of Post No.				Received From
OR (b) Above is a deceased veteran who served honorably			*	Heceived From
(c) Relationship of Applicant to Veteran				\$
Has Applicant previously been a member of the SAL?		Where?		
I hereby subscribe to the Constitution of the Sons of The Am				Squadron No.
Email Address	Transr	nit \$	for 20 annual membershi	
Signed By Applicant (or Parent)			The second secon	Department of
Mail completed application to Sons of the America	an Legion department/state headqu	arters. Annual dues must accompar	ny completed application. Ask local co	ntact •



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

for amount due. For current detachment address go to The American Legion Department/state headquarters, or www.legion.org.

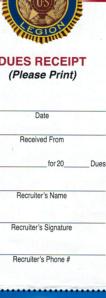
For current Department address go to: www.ALAforVeterans.org/contact/state_headquarters.

Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine.

Membership pending approval of application.

	APPLICANT INFORMATION			ELIGIBILITY INFORMATION				
Contract of the Contract of th		λ.					☐ Living	☐ Deceased
Name	(First)	(M.I.)	(Last)		Eligible Through-Name of Veteran (if living	g, must be American	Legion member)	
Address					American Legion Member ID Number			
City		State	Zip	,				
					Veteran's American Legion Post Name	Post #	City	State
Home Phone	10 1	Cell Phone			Veteran Served: (check all that a WWI (4/6/17-11/11/18)	apply)	12/31/46)	
Email Address		Unit # and Location		☐ Merchant Marines (12/7/41-12/31/46)				
Date of	/ Birth (Required)	Birth - 17	☐ 18 and over		☐ Vietnam (2/28/61-5/7/75) ☐ Panama (12/20/89-1/31/90)	☐ Gulf War/War of	ada (8/24/82-7/31/84 on Terrorism essation of hostilities)	
Have you been a m	ember before? 📮	Yes 🖵 No			Applicant's Relationship to the	Veteran: (Sten-rela	atives are eligible)	
			/	/	☐ Mother ☐ Wife ☐	Daughter	☐ Sister	
Signatur	e of Applicant (or lega	al guardian if under	18)	Date	☐ Grandmother ☐ Granddaughter ☐	Great-Granddaught	ter 🖵 Self	

Post Adjutant/Officer Membership Verification





DUES RECEIPT (Please Print)

	Date	
- Serviced	Received From	
š	for 20	Due

Recruiter's Name

Recruiter's Signature Recruiter's Phone #

Date