

American Legion Auxiliary MEMBERSHIP APPLICATION

Address City State ZIP Home Phone Cell Phone Email Address /		- APPLICANT INFORMATION	ON	
Address City State ZIP Home Phone Cell Phone Email Address				
City State ZiP	Name (First)	(M.I.)	(Last)	
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Date of Birth (Required)	City	State	ZIP	
Date of Birth (Required)				
Date of Birth (Required) Have you been a member previously?			Email Address	
ALA ID # (if known) / / // Signature of Applicant (or legal guardian if under 18) Date ELIGIBILITY INFORMATION				
Previous Unit City/State			Location	
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.grov/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 Global War on Terror Panama Spouse Mother Grandmother Sister Self Applicant's Relationship to the Veteran: Male Spouse Female Spouse Mother Grandmother Sister Self To Be Completed By The American Legion Post Adjutant/Officer Leartify 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 HELP US GET YOU CONNECTED! Is am interested in learning more about: Volunteering for Veterans, Military, and Their Families Volunt 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	Have you been a member previously?	No (If yes, fill in below.)		
City State	Previous Unit City/State		ALA ID # (if knowr	1)
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Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) f Living: American Legion Member ID # Post # City State Deceased—It veteran is deceased, contact ALA unit about the necessary military records. For Veteran's DD214 Discharge Papers: www.archives.gov/veterans/military-service-racords Veteran Served: WWW (4/6/1917-1/1/1/1918) Anytime After 12/7/1941 (check all that apply): Global War on Terror Panama Vietnam WWII Gloth War Debanon/Grenada Norea 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 Icentify 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 Volunteering for Veterans, Military, and Their Families Other Please contact the following individual about volunteering or joining the American Legion Auxiliary: Name Phone Email Name	Signature of Applicant (or legal guardian if under	18)	Date	
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