



American Legion Auxiliary APPLICATION FOR MEMBERSHIP

Applicant Information

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

Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ E-mail _____

Unit Number _____ Location _____

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

Senior (over 18)
 Junior (birth - 18) Date of Birth ____/____/____
 (Birth date required for Junior members)

Eligibility Information

Name of Veteran Eligible Through _____ Legion Member ID Number _____

American Legion Post _____ Post # _____ City _____ State _____

Veteran: Living Deceased

Veteran served in:

<input type="checkbox"/> WWI (4/6/17-11/11/18)	<input type="checkbox"/> WWII (12/7/41-12/31/46)	<input type="checkbox"/> Merchant Marines (12/7/41-8/15/45 Only)
<input type="checkbox"/> Korea (6/25/50-1/31/55)	<input type="checkbox"/> Vietnam (2/28/61-5/7/75)	<input type="checkbox"/> Grenada/Lebanon (8/24/82-7/31/84)
<input type="checkbox"/> Panama (12/20/89-1/31/90)	<input type="checkbox"/> Persian Gulf War (8/2/90 until cessation of hostilities as determined by the US Government)	

Applicant's Relationship to the Veteran: *(Step relatives are eligible)*

Mother Wife Daughter Sister Granddaughter Great-Granddaughter Grandmother Self

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: _____ Date _____

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

For Veteran's DD214 Discharge Papers: <http://www.archives.gov/veterans/military-service-records/dd-214.html>

I am interested in learning more about the following:

<input type="checkbox"/> Paid-Up-For-Life Membership (VIM)	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Volunteering at a VA Medical Center	<input type="checkbox"/> Community Volunteerism / Assistance	<input type="checkbox"/> Member Benefits
<input type="checkbox"/> Participating in Education Activities	<input type="checkbox"/> Auxiliary Emergency Fund	<input type="checkbox"/> Other _____
<input type="checkbox"/> Working with Young People	<input type="checkbox"/> Helping with Unit Activities	

Recruiter's Name WEBSITE Unit/Post # 112 City ELK RIVER State MN

The following individual(s) might also be interested in joining or volunteering.

Please contact: _____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Mail Completed Applications to Your Department State Headquarters!
 For Current Department Address go to: http://www.legion-aux.org/contactus_directory.aspx