



# AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION



## APPLICANT INFORMATION

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Unit # and Location (if known) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth (Required)  Birth - 17  18 and over

Have you been a member previously?  Yes  No (If yes, fill in below, if known.)

Previous Unit City/State: \_\_\_\_\_ ALA ID#: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant (or legal guardian if under 18) \_\_\_\_\_ Date

**Membership pending approval of application.**

## ELIGIBILITY INFORMATION

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.)

### Veteran Served:

WWI (4/6/1917-11/11/1918)

Anytime After 12/7/1941 (check all that apply):

Global War on Terror

Lebanon/Grenada

WWII

Gulf War

Vietnam

Other Conflicts

Panama

Korea

### 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

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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Post Adjutant/Officer Membership Verification

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## DUES PAID YEARLY

Senior Member - \$25

Junior Member - \$8

(Birth to 18yrs)

Please send check or money order with application to the address below.

The American Legion Auxiliary

John Ivens Unit #42

P.O. Box 238

Williams, AZ 863023

*Thank you  
and welcome to  
our Legion Family!*