



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

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 - \$30

Junior Member - \$10
(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!*

Membership pending approval of application.