

## American Legion Auxiliary MEMBERSHIP APPLICATION

APPLICANT INFORMATION	

Name (First)		(M.I.)	(Last)
Address			
City		State	ZIP
Home Phone	Ce	II Phone	Email Address
/ /	🛄 Birth - 17 🛛 🛄 18	8 and over	
Date of Birth (Required)	-	Unit #	Location
Have you been a member pr	eviously? 🗋 Yes 📮 No	(If yes, fill in below.)	
Previous Unit City/State			ALA ID # (if known)
			/
Signature of Applicant (or leg	al guardian if under 18)		Date
	ELIG		ION
Eligible Through-Name of V	eteran (Female Veterans: List	Your Own Name)	
If Living:			
	n Member ID # eceased, contact ALA unit abo harge Papers: www.archives.		
Veteran Served: WWI (4/6/1917-11/11/191 Anytime After 12/7/1941 ( Global War on Terror Gulf War	check all that apply):	🖵 Vietnam	WWII Other Conflicts
	<b>to the Veteran:</b> male Spouse I Mothe anddaughter	er 🔲 Grandmother	Sister Self
	e American Legion Post A d individual served at least one		the dates marked above and was honorably discharged
Post Adjutant/Officer Membe	rship Verification		/ / Date
<ul> <li>Youth Activities, Includir</li> <li>Member Discounts and</li> <li>Other</li> </ul>	<b>more about:</b> ns, Military, and Their Families ng ALA Girls State, Junior Men	nber Programs, and Schola	larships
Name		Phone	Email
Name		Phone	Email
Name		Phone	Email
Recruiter's Name	Unit/Post #	City	State

......Submit this application UbX'U'W YW\_'Zcf``' \$ to I b]h( \$(`cZGH'@ci ]g`GYfj ]WY'K ca Ybfg`Dcgh( \$( žD'C "6 cl `, %; ZGH"@ci ]gžAC`\*' %) \* " Membership pending approval of application. 09/2019