



THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Name _____
 First Initial Last Phone _____
 Address _____
 Street City State ZIP _____
 Membership ID# former member Email Post # Date _____

Please check appropriate eligibility dates and branch of service below:

- Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)
- Panama (12/20/89-1/31/90)
- Lebanon/Grenada (8/24/82-7/31/84)
- Vietnam (2/28/61-5/7/75)
- Korea (6/25/50-1/31/55)
- WWII (12/7/41-12/31/46)
- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marines
- U.S. Coast Guard
- Merchant Marines (12/7/41-12/31/46 - only eligibility)

I certify that I served at least one day of active military duty during the dates marked above and was honorably discharged or am still serving honorably.

Signed by applicant _____ Name of recruiter _____

If you are a new member, send this completed application with annual dues to The American Legion, Attn: Membership, P.O. Box 1055, Indianapolis, IN 46206 (check www.legion.org/join for dues amount), or take it to a local post. To locate a post near you, click on "Find a Post" at www.legion.org.

D17010



DUES RECEIPT (please print)

Date _____
 Received from _____
 \$ _____ for 20 _____ dues
 Recruiter's name _____
 Recruiter's signature _____
 Recruiter's phone # _____



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Date _____
 Detachment of _____ Squadron No. _____ Birth date _____
 Name _____ Recruited by _____
 First Initial Last Initial Last
 Address _____
 Street City State ZIP Phone _____
 Veteran through whom eligibility is established _____

- (a) Above is a member in good standing of Post No. _____ Department of _____
 OR (b) Above is a deceased veteran who served honorably from _____ to _____
 (c) Relationship of applicant to veteran _____
 Has applicant previously been a member of the SAL? _____ Where? _____

I hereby subscribe to the Constitution of the Sons of The American Legion and apply for membership.

Email _____ Transmit \$ _____ for 20 _____ annual membership dues

Signed by applicant (or legal guardian if under 18) _____ Eligibility certified by _____

Mail completed application to Sons of The American Legion department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current detachment address, go to The American Legion department/state headquarters, or visit www.legion.org.

D17010



DUES RECEIPT (please print)

Date _____
 Received from _____
 \$ _____ for 20 _____ dues
 Squadron No. _____
 Department of _____



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name _____
 First Initial Last
 Address _____
 City State ZIP _____
 Home phone _____ Cell phone _____
 Email _____ Unit # and Location _____
 Date of Birth (Required) _____
 Birth - 17 18 and older
 Have you been a member previously? Yes No
 Signature of applicant (or legal guardian if under 18) _____ Date _____

ELIGIBILITY INFORMATION

Eligible through / name of veteran (if living, must be American Legion member) Living Deceased

American Legion member ID # _____

Veteran's American Legion post name Post # City State

Veteran served: (check all that apply)

- WWI (4/6/17-11/11/18)
- WWII (12/7/41-12/31/46)
- Merchant Marines (12/7/41-12/31/46)
- Korea (6/25/50-1/31/55)
- Vietnam (2/28/61-5/7/75)
- Lebanon/Grenada (8/24/82-7/31/84)
- Panama (12/20/89-1/31/90)
- Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)

Applicant's relationship to the veteran:

- Mother Wife Daughter Sister
- Grandmother Granddaughter Great-granddaughter 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.

Post adjutant/officer membership verification _____ ALA 08/2016 Date _____

Mail completed application to American Legion Auxiliary department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current department address go to: www.ALAforVeterans.org. Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine. Membership pending approval of application.



DUES RECEIPT (please print)

Date _____
 Received from _____
 \$ _____ for 20 _____ dues
 Recruiter's name _____
 Recruiter's signature _____
 Recruiter's phone # _____