



American Legion Auxiliary

Membership Applications for Joining Your American Legion Family



Your American Legion Family

In the Spirit of Service Not Self for Veterans, God and Country

JOIN THE LEGION FAMILY!

For nearly a century, The American Legion, American Legion Auxiliary and Sons of The American Legion have worked steadfastly, side by side, promoting patriotism and national security while supporting youth and advocating for veterans and active-duty military. The Legion Family also includes American Legion Riders, a program of motorcycle enthusiasts. Members join through a Riders chapter at an American Legion post.

While members of The American Legion Family are individually unique, collectively we are a multi-million member powerhouse of caring advocates dedicated to service. You and your family can join us! You'll find that getting connected to The American Legion Family is one of the best decisions you'll ever make. Please use the enclosed applications and send to the proper authority as instructed.

For details on The American Legion Family, please visit us today at:

The American Legion:
www.legion.org

American Legion Auxiliary:
www.ALforVeterans.org

Sons of The American Legion:
www.legion.org/sons

American Legion Riders:
www.legion.org/riders



**American Legion Auxiliary
National Headquarters**
8945 N. Meridian St., Indianapolis, IN 46260
P: (317) 569-4500 | F: (317) 569-4502
www.ALforVeterans.org
www.ALAFoundation.org

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There are many opportunities for involvement in the American Legion Auxiliary. Help us get you connected!



**AMERICAN
LEGION AUXILIARY
MISSION:**

In the spirit of service, not self, the mission of the American Legion Auxiliary is to support The American Legion and to honor the sacrifice of those who serve by enhancing the lives of our veterans, military, and their families, both at home and abroad.

For God and Country, we advocate for veterans, educate our citizens, mentor youth, and promote patriotism, good citizenship, peace and security.

Visit us online at www.ALforVeterans.org

- I am interested in learning more about:**
- Paid-Up-For-Life Membership
 - Volunteering for Veterans
 - Education Activities
 - Youth Activities
 - Scholarships
 - Community Service
 - Auxiliary Emergency Fund
 - Local Unit Activities
 - Fundraising
 - Member Discounts and Services
 - Activities to Support Active-Duty Military and Families
 - Other _____

Recruiter's Name _____ Unit/Post # _____ City _____ State _____

Please contact the following individual(s) about volunteering or joining the American Legion Auxiliary:

Name _____	Phone _____	Email _____
Name _____	Phone _____	Email _____
Name _____	Phone _____	Email _____



THE AMERICAN LEGION – MEMBERSHIP APPLICATION



DUES RECEIPT (Please Print)

Name _____ (First) _____ (Initial) _____ (Last) _____ (Phone)

Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

_____ (Membership ID# Former Member) _____ (Email) _____ (Date)

Please check appropriate eligibility dates and branch of service below:

- WWI (4/6/17-11/11/18)
- WWII (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)
- Merchant Marines (12/7/41-12/31/46 - Only Eligibility)
- Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)
- 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 _____

Mail completed application to The American Legion National Headquarters, Attn: Internal Affairs. Annual dues must accompany completed application. Ask local contact for amount due. For current Department address go to: www.legion.org. ALA 11/2011



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION



DUES RECEIPT (Please Print)

Date _____ Detachment of _____ Squadron No. _____ Birth Date _____

Name _____ (First) _____ (Initial) _____ (Last) _____ (Initial) _____ (Last)

Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ (Phone)

Veteran through whom eligibility is established _____ (State) _____ (Phone)

(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 _____ Where? _____

Has Applicant previously been a member of the SAL? _____

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

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

Signed By Applicant (or Parent) _____ 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 www.legion.org. ALA 11/2011



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION



DUES RECEIPT (Please Print)

ELIGIBILITY INFORMATION

Eligible Through Name of Veteran (if living, must be American Legion member) Living Deceased

American Legion Member ID Number _____
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 to today)

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

- 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.

APPLICANT INFORMATION

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

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Unit # and Location _____

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

Have you been a member before? Yes No

Signature of Applicant (or legal guardian if under 18) _____ 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: http://www.ALAVeterans.org/contact/state_headquarters/

Post Adjutant/Officer Membership Verification _____ Date _____

ALA 11/2011