

American Legion Auxiliary Membership Application

			Today's Date	
Name				
(First)	(Middle)	(Last)		
Address	City_		_ State Zip	
Home Phone	Cell Phone	Email		
 My check or money order for \$26 is enclosed for Senior Auxiliary dues (over 18 yrs of age) My check or money order for \$5 is enclosed for Junior Auxiliary dues (birth-18 yrs of age) Enclosed is copy of veteran's DD214 Discharge Papers (if discharged or deceased) For Veteran's DD214 Discharge Papers: http://www.archives.gov/veterans/military-service-records/dd-214.html 				
Date of Birth/ Signature of Applicant (or Legal Guardian if Junior member)				
Eligibility Information Note: If veteran is not deceased, veteran must be current American Legion member.				
Name of veteran				
(Fi Legion Member Number_	rst) (N Post #	Iiddle) City	(Last) State	
Veteran □Living □Deceased				
Veteran served in:				
□WWI (4/6/17-11/11/18)	□WWII (12/7/41-12/31/46		nt Marines (12/7/41-12/31/46 Only)	
□ Korea (6/25/50-1/31/55)	· ·	<i>'</i>	a/Lebanon (8/24/82-7/31/84)	
□ Panama (12/20/89-1/31/90) □ Persian Gulf War (8/2/90 until cessation of hostilities as determined by the US Government)				
Applicant's Relationsh	•	•	ligible)	
Mother Wife DGrandmother Sc	aughter 🗆 Sister 🗆	•	9	
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.				
Signature		Date		
Signature: Date Date Post Officer Membership Verification				
Recruiter's Name				
Mail Completed Applie	ration To: American	Lagion Unit 01 Auvil	iarv	
Mail Completed Application To: American Legion Unit 91 Auxiliary PO Box 7575				
		AZ 85246		