

## American Legion Auxiliary World's largest women's patriotic service organization

## **MEMBERSHIP APPLICATION**

	APPLICANT	INFORMATION —		
Name (First)	(First) (N		I.) (Last)	
Address		F. ST. THE CO.		
City	S	tate	Zip	
Home Phone	Cell Phone		Email Address	
1 1	☐ Birth - 17 ☐ 18 and over			
Date of Birth (Required)		Unit #	Loca <sup>(</sup>	tion /
Signature of Applicant (or legal gua	***************************************	Date		
	ELIGIBILITY I	INFORMATION —		
Eligible Through-Name of Veteran	(if living, must be Legion member)	American Legion Me	ember ID Number	Living Deceased
Veteran's American Legion Post N	ame Post#	City		State
Applicant's Relationship to the N  Mother	Grandmother randdaughter, great granddaughter,	Sister etc.)	☐ Self	
certify that the above named indivor is still serving honorably.	idual served at least one day of acti	ve duty during the dates i	marked above and v	vas honorably discharged
Post Adjutant/Officer Membership	Verification		1	/ Date
	apers: http://www.archives.gov/veter	ans/military-service-recor	rds	
	HELP US GET YO	OU CONNECTED!		
am interested in learning more Paid Up For Life Membership Volunteering for Veterans	about:  Scholarships Community Service	☐ Fundraising ☐ Member Discounts	and Services	
Education Activities Youth Activities	☐ Auxiliary Emergency Fund☐ Local Unit Activities	Activities to Suppor		y and Families
Recruiter's Name	Unit/Post #  ual(s) about volunteering or joining t	City	lian.	State
Name		Phone Phone	mary.	Email
Name		Phone		Email
Name		Phone		Email