



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name First Initial Last

Address

City State ZIP

Home phone Cell phone

Email Unit # and Location

/ / ☐ Birth - 17 ☐ 18 and older
Date of Birth (Required)

Have you been a member previously? ☐ Yes ☐ No

/ /
Signature of Applicant (or legal guardian if under 18) Date

**Please mail this completed Application
Form with \$30 for your annual dues
& copy of your qualifying Person's
paperwork to:
AMERICAN LEGION POST 303
Att: AUXILIARY Membership
PO Box 1931
Bonita Springs, FL 34133**

ELIGIBILITY INFORMATION

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

American Legion Member ID Number

Veteran's American Legion Post Name Post # City State

Veteran served: (check all that apply)

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

Applicant's relationship to the veteran:

- ☐ Mother ☐ Wife ☐ Grandmother ☐ Sister ☐ Self
☐ Direct Descendant (daughter, granddaughter, etc.)

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 07/2016 Date



DUES RECEIPT (please print)

Date

Received from

\$ _____ for 20 _____ dues

Recruiter's name

Recruiter's signature

Recruiter's phone #