American Legion Auxiliary
MEMBERSHIP APPLICATION

APPLICANT INFORMATION

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

Address

City State ZIP

Home Phone Cell Phone Email Address

/ / ☐ Birth to 17 ☐ 18 and over

Date of Birth *(Required)* Unit # Location

Have you been a member previously? ☐ Yes ☐ No (If yes, fill in below.)

Previous Unit City/State ALA ID # (if known)

/ /

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

ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran *(Female Veterans: List Your Own Name)*

If Living:

American Legion Member ID # *(Required)* Post # City State

☐ Deceased—If veteran is deceased, contact ALA unit about the necessary military records.
For Veteran's DD214 Discharge Papers: www.archives.gov/veterans/military-service-records

Veteran Served:

☐ WWI (4/6/1917-11/11/1918)

Anytime After 12/7/1941 (check all that apply):

☐ Global War on Terror ☐ Panama ☐ Vietnam ☐ WWII
☐ Gulf War ☐ Lebanon/Grenada ☐ Korea ☐ Other Conflicts

Applicant's Relationship to the Veteran:

☐ Spouse ☐ Parent ☐ Sibling ☐ Grandparent ☐ Grandchild
☐ Child ☐ Self (Female Veteran or Female Current Servicemember)

To be Completed by an Officer of The American Legion or American Legion Auxiliary

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.

Officer Membership Verification / / Date

HELP US GET YOU CONNECTED!

I am interested in learning more about:

☐ Volunteering for Veterans, Military, and Their Families
☐ Youth Activities, Including ALA Girls State, Junior Member Programs, and Scholarships
☐ Member Discounts and Services
☐ Other

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

Name Phone Email

Name Phone Email

Name Phone Email

Recruiter's Name Unit/Post # City State

09/14/2026

Make checks payable to **ALA UNIT 303** **Dues Amounts:** Adult Member: $40 Junior Member $6