

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

MEMBERSHIP APPLICATION

		APPLICANT IN	NFORMATION —		
Name (First)		(M.	.l.)	(Las	st)
Address					
City		Sta		Zij	2
City		316	ale	Ζı	5
Home Phone		Cell Phone		Email A	ddress
/ / Date of Birth (<i>Required</i>)	🔲 Birth - 17	18 and over	Unit #	Loca	tion
Date of Dirtin (nequired)				/	/
Signature of Applicant (or legal gua	ardian if under 18)			Date	
			NFORMATION		
					Living Deceased
Eligible Through-Name of Veteran	(if living, must be L	egion member)	American Legion Me	mber ID Number	
Veteran's American Legion Post N	ame	Post #	City		State
		7/41-12/31/46)		larines (12/7/41-12/	
Korea (6/25/50-1/31/55) Panama (12/20/89-1/31/90) Applicant's Relationship to the V Mother Wife	Uietnam (2 Gulf War/V Veteran:	2/28/61-5/7/75) Var on Terrorism (& Grandmother	3/2/90 until cessation of h	renada (8/24/82-7/3 nostilities)	11/84)
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mail completed application to American Legion Auxiliary department/state neadquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current department address go to:

www.ALAforVeterans.org/About/Department-State-Headquarters. Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine.