



# APPLICATION FOR MEMBERSHIP

Please type or print

Applicant's

Full Name \_\_\_\_\_  
(First) (MI) (Last) (Date of Birth)

- Senior (over 18)
- Junior (birth - 18)

(Mailing Address) \_\_\_\_\_ (Work/Home Phone Number(s)) \_\_\_\_\_

(City) (State) (ZIP) \_\_\_\_\_ (Unit Number & Location) \_\_\_\_\_

I am eligible for membership through the military service of \_\_\_\_\_ (Full Name)

Living  Deceased He/She is a member of: \_\_\_\_\_ (American Legion Post) (Post #) (City) (State)

The veteran, Living or Deceased, served in:

- WWI (4/6/17-11/11/18)
- WWII (12/7/41-12/31/46)
- Korea (6/25/50-1/31/55)
- Vietnam (2/28/61-5/7/75)
- Grenada/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 Relationship to the Veteran:

- Mother  Granddaughter
  - Wife  Great-Granddaughter
  - Sister  Grandmother
  - Daughter  Self
- (Step relatives are eligible)

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Post Officer Membership Verification \_\_\_\_\_ Date: \_\_\_\_\_

Or Unit Secretary's Verification for Female Veterans Only

American Legion Auxiliary  
Receipt of Dues  
(Please Print)

From \_\_\_\_\_ \$ \_\_\_\_\_ for \_\_\_\_\_ (membership year) Unit # \_\_\_\_\_ Dept. \_\_\_\_\_

Recruiter's Printed Name: \_\_\_\_\_  
Recruiter's Signature: \_\_\_\_\_  
Recruiter's Phone #: \_\_\_\_\_

### I am interested in learning more about the following:

- Volunteering at a VA Medical Center
- Helping with Unit Activities
- Working with Young People
- Participating in Educational Activities
- Fund-Raising Projects
- Community Volunteerism/Assistance

### Check the member benefits on which you would like more information:

- Paid-Up-For-Life Membership (VIM)
- Auxiliary Emergency Fund
- Car Rental
- Displaced Homemakers Fund
- Supplemental Insurance
- Scholarships
- Moving Discounts
- Dental Care Plan
- Credit Card
- Prescription Discounts
- Eye Care Plan
- Other: \_\_\_\_\_
- Financial Services

Recruiter's Name \_\_\_\_\_ (Unit/Post #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

The following individual(s) might also be interested in helping.

Please contact: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

# Thank You

