



American Legion Auxiliary

Membership Applications for Joining Your American Legion Family



Your American Legion Family

In the Spirit of Service Not Self for Veterans, God and Country

JOIN THE LEGION FAMILY!

The American Legion, American Legion Auxiliary, and Sons of The American Legion have worked decades, steadfastly, and side by side, promoting patriotism and national security while supporting youth and advocating for veterans and military. The American Legion Family also includes American Legion Riders, a program of motorcycle enthusiasts. Members join through a Riders chapter at an American Legion post.

While members of The American Legion Family are individually unique, collectively we are a multimillion member powerhouse of caring advocates dedicated to service. You and your family can join us! Please use the enclosed applications and send to the proper authority as instructed.

The American Legion Family online:

The American Legion

www.legion.org

American Legion Auxiliary

www.ALForVeterans.org

Sons of The American Legion

www.legion.org/sons

American Legion Riders

www.legion.org/riders



American Legion Auxiliary
National Headquarters

3450 Founders Road, Indianapolis, IN 46268-1334

P: (317) 569-4500 | F: (317) 569-4502

www.ALForVeterans.org

www.ALAFoundation.org

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Produced in the USA

AMERICAN LEGION AUXILIARY MISSION:

In the spirit of Service Not Self, the mission of the American Legion Auxiliary is to support The American Legion and honor the sacrifice of those who serve by enhancing the lives of our veterans, military, and their families, both at home and abroad. For God and country, we advocate for veterans, educate our citizens, mentor youth, and promote patriotism, good citizenship, peace and security.



There are many opportunities for involvement in the American Legion Auxiliary. 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 _____ |

Visit us online at www.ALForVeterans.org



THE AMERICAN LEGION – MEMBERSHIP APPLICATION



Name _____ (First) _____ (Initial) _____ (Last) _____ (Date of Birth) _____

Mailing Address _____ (Street) _____ (City) _____ (State) _____ (ZIP) _____

_____ (Phone) _____ (Email) _____ (Post #) _____ (Dues) _____

Male Female (Gender)

I certify that I served at least one day of active military duty since December 7, 1941 and was honorably discharged or am still serving honorably.

Please check appropriate eligibility era and branch of service below:

- U.S. Army
- Global War on Terror
- U.S. Navy
- U.S. Air Force
- Panama
- Lebanon/Grenada
- U.S. Marines
- Vietnam
- U.S. Coast Guard
- Korea
- Merchant Marines (WWII only)
- WWII
- Other Conflicts

Signature of Applicant _____ Date _____ Name of Recruiter _____

ALA 08/2019

Mail completed application to The American Legion National Headquarters, Attn: Internal Affairs. Annual dues must accompany completed application. Ask local contact for amount due. For current department/state address, go to www.legion.org.



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION



Date _____ Detachment of _____ Squadron No. _____ Birth Date _____

Name _____ (First) _____ (Initial) _____ (Last) _____ (Initial) _____ (Last) _____

Address _____ (Street) _____ (City) _____ (State) _____ (ZIP) _____ (Phone) _____

Veteran through whom eligibility is established _____ Department of _____

(a) Above is a member in good standing of Post No. _____ to _____

OR (b) Above is a deceased veteran who served honorably from _____ to _____

(c) Relationship of Applicant to Veteran _____ Where? _____

Has Applicant previously been a member of the SAL? _____

I hereby subscribe to the Constitution of the Sons of The American Legion, apply for membership, and

Email Address _____ Transmit \$ _____ for 20 _____ annual membership dues

Signed By Applicant (or Parent) _____ Eligibility certified by _____

Mail completed application to Sons of The American Legion department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current detachment address, go to The American Legion department/state headquarters, or visit www.legion.org.

ALA 12/2013



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION



APPLICANT INFORMATION

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

Address _____ If Living: _____ American Legion Member ID # _____ Post # _____ City _____ State _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Email Address _____ Unit # and Location (if known) _____

_____ / _____ / _____ Birth - 17 18 and over

Date of Birth (Required) _____

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

Previous Unit City/State: _____ ALA ID#: _____ / _____ / _____

ELIGIBILITY INFORMATION

Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)

Veteran Served:

- WWI (4/6/1917-11/11/1918)
- Anytime After 12/7/1941 (check all that apply):
 - Global War on Terror
 - Lebanon/Grenada
 - Vietnam
 - Korea
 - Panama
 - Other Conflicts

Applicant's Relationship to the Veteran:

- Male Spouse
- Female Spouse
- Grandmother
- Sister
- Daughter
- Mother
- Self
- Granddaughter

To Be Completed By The American Legion Post Adjutant/Officer

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.

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

Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 569-4500 for assistance.

Annual dues must accompany completed application. Ask local contact for amount due.

Membership pending approval of application.

Post Adjutant/Officer Membership Verification _____ Date _____

ALA 08/2019

APPLICANT INFORMATION

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

Address _____ If Living: _____ American Legion Member ID # _____ Post # _____ City _____ State _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Email Address _____ Unit # and Location (if known) _____

_____ / _____ / _____ Birth - 17 18 and over

Date of Birth (Required) _____

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

Previous Unit City/State: _____ ALA ID#: _____ / _____ / _____

ELIGIBILITY INFORMATION

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Membership pending approval of application.

Post Adjutant/Officer Membership Verification _____ Date _____

ALA 08/2019

DUES RECEIPT (Please Print)

Date _____

Received From _____

\$ _____ for 20 _____ Dues

Squadron No. _____

Department of _____

DUES RECEIPT (Please Print)

Date _____

Received From _____

\$ _____ for 20 _____ Dues

Squadron No. _____

Department of _____

DUES RECEIPT (Please Print)

Date _____

Received From _____

\$ _____ for 20 _____ Dues

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____

DUES RECEIPT (Please Print)

Date _____

Received From _____

\$ _____ for 20 _____ Dues

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____