



THE AMERICAN LEGION – MEMBERSHIP APPLICATION

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

Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____

_____ (Membership ID# Former Member) _____ (Email) _____ (Post #) _____ (Date)

Please check appropriate eligibility dates and branch of service below:

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

I certify that I served at least one day of active military duty during the dates marked above and was honorably discharged or am still serving honorably.

Signed By Applicant _____ Name of Recruiter _____

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 address, go to www.legion.org.

ALA 12/2013



DUES RECEIPT (Please Print)

Date _____

Received From _____

\$ _____ for 20 _____ Dues

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Date _____

Detachment of _____ Squadron No. _____ Birth Date _____

Name _____ (First) _____ (Initial) _____ (Last) _____ Recruited by _____ (Initial) _____ (Last)

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

Veteran through whom eligibility is established _____

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

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

(c) Relationship of Applicant to Veteran _____

Has applicant previously been a member of the SAL? _____ Where? _____

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

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



DUES RECEIPT (Please Print)

Date _____

Received From _____

\$ _____ for 20 _____ Dues

Squadron No. _____

Department of _____



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

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

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Unit # and Location _____

_____ / _____ / _____ Birth - 17 18 and over
Date of Birth (Required)

Have you been a member previously? Yes No

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

Mail completed application to American Legion Auxiliary department/state headquarters.

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

For current department address go to: www.ALAforVeterans.org/contact/state_headquarters.

Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine.

Membership pending approval of application.

ELIGIBILITY INFORMATION

Eligible through / name of veteran (if living, must be American Legion member) _____ Living Deceased

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:

- | | | | |
|--------------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Wife | <input type="checkbox"/> Daughter | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Granddaughter | <input type="checkbox"/> Great-granddaughter | <input type="checkbox"/> Self |

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 12/2013 _____ Date _____



DUES RECEIPT (Please Print)

Date _____

Received From _____

\$ _____ for 20 _____ Dues

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____