



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 11/2011

**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, 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 www.legion.org.

ALA 11/2011

**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 before? Yes No

_____ / _____ / _____

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

ELIGIBILITY INFORMATION

Living Deceased

Eligible Through-Name of Veteran (if living, must be American Legion member) _____

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 _____ / _____ / _____ Date _____

**DUES RECEIPT
(Please Print)**

_____ Date

_____ Received From

\$ _____ for 20 _____ Dues

_____ Recruiter's Name

_____ Recruiter's Signature

_____ Recruiter's Phone #

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.**

ALA 03/2013