

We Noticed Your

American Flag Veterans Tag

If you're a veteran, servicemember or direct relative, please join The American Legion Family to help us make a difference, promote patriotism, and serve America in your local community.

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AMERICAN LEGION AUXILIARY APPLICANT INFORMATION Yearly Membership Dues Only:

Full Name: _____
Address, City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Unit # and Location (if known): _____
_____/_____/_____
Date of Birth (Required) Birth - 17 18 and over
Have you been a member previously? Yes No (If yes, fill in below, if known.)
Previous Unit City/State: _____ ALA ID#: _____
_____/_____/_____
Signature of Applicant (or legal guardian if under 18) _____ Date _____

ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name)
If Living: _____
American Legion Member ID # _____ Post # _____ City _____ State _____
 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 WWII Gulf War
 Vietnam Other Conflicts Panama Korea
Applicant's Relationship to the Veteran:
 Male Spouse Female Spouse Mother Grandmother
 Sister Self Daughter 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.
_____/_____/_____
Post Adjutant/Officer Membership Verification _____ 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.



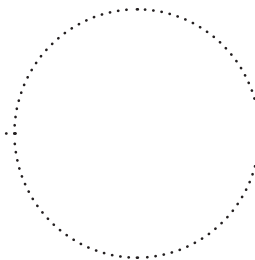
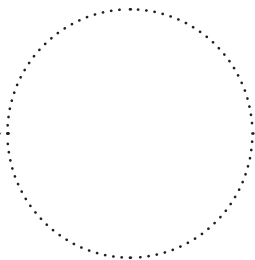
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Full Name: _____
Address, City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____ Unit # and Location (if known): _____
_____/_____/_____
Date of Birth (Required) Birth - 17 18 and over
Have you been a member previously? Yes No (If yes, fill in below, if known.)
Previous Unit City/State: _____ ALA ID#: _____
_____/_____/_____
Signature of Applicant (or legal guardian if under 18) _____ Date _____

ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name)
If Living: _____
American Legion Member ID # _____ Post # _____ City _____ State _____
 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):
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**THE AMERICAN LEGION
APPLICANT INFORMATION
Yearly Membership Dues Only:**



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

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

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

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

(Phone) _____ (Email)

(Phone) _____ (Email)

Male Female _____ (Gender) _____ (Post #) _____ (Dues)

Male Female _____ (Gender) _____ (Post #) _____ (Dues)

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.

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Please check appropriate eligibility era and branch of service below:

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

Please check appropriate eligibility era and branch of service below:

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

Signature of Applicant _____ Date _____

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Name of Recruiter _____

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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.

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ALA 08/2019

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**SONS OF THE AMERICAN LEGION
APPLICANT INFORMATION
Yearly Membership Dues Only:**



**SONS OF THE AMERICAN LEGION
APPLICANT INFORMATION
Yearly Membership Dues Only:**

Date _____ Detachment of _____ Squadron No. _____

Date _____ Detachment of _____ Squadron No. _____

Birth Date _____ Recruited by _____

Birth Date _____ Recruited by _____

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

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

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

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

Phone _____ Veteran through whom eligibility is established _____

Phone _____ Veteran through whom eligibility is established _____

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

(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 _____

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

(c) Relationship of Applicant to Veteran _____

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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

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

Email Address _____ Transmit \$ _____

Email Address _____ Transmit \$ _____

for 20 _____ annual membership dues _____

for 20 _____ annual membership dues _____

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

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Annual dues must accompany completed application. Return completed application to the contact listed below. For more information, visit www.legion.org/sons.

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ALA 01/2017

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***For questions, and to submit this application,
please contact:***

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