



# 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.



## 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.*

# American Legion Auxiliary – Helping Veterans Since 1919



## THE AMERICAN LEGION APPLICANT INFORMATION Yearly Membership Dues Only:

Name \_\_\_\_\_  
(First) (Initial) (Last) (Date of Birth)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (ZIP)

\_\_\_\_\_  
(Phone) (Email)

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.

### Please check appropriate eligibility era and branch of service below:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Global War on Terror | <input type="checkbox"/> WWII            | <input type="checkbox"/> U.S. Army                    |
| <input type="checkbox"/> Gulf War             | <input type="checkbox"/> Other Conflicts | <input type="checkbox"/> U.S. Navy                    |
| <input type="checkbox"/> Panama               |  | <input type="checkbox"/> U.S. Air Force               |
| <input type="checkbox"/> Lebanon/Grenada      |  | <input type="checkbox"/> U.S. Marines                 |
| <input type="checkbox"/> Vietnam              |  | <input type="checkbox"/> U.S. Coast Guard             |
| <input type="checkbox"/> Korea                |  | <input type="checkbox"/> Merchant Marines (WWII only) |

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

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/state address, go to [www.legion.org](http://www.legion.org).**

ALA 08/2019



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

Date \_\_\_\_\_ Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_

Birth Date \_\_\_\_\_ Recruited by \_\_\_\_\_

Name \_\_\_\_\_  
(First) (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 \_\_\_\_\_

**Annual dues must accompany completed application. Return completed application to the contact listed below. For more information, visit [www.legion.org/sons](http://www.legion.org/sons).**

ALA 01/2017

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