American Legion Auxiliary

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

There are many opportunities for involvement in the American Legion Auxiliary. Help us get you connected!

I am interested in learning more about:

- Paid Up For Life Membership
- Scholarships
- Fundraising
- Volunteering for Veterans
- Community Service
- Member Discounts and Services
- Education Activities
- Auxiliary Emergency Fund
- Activities to Support Active-Duty Military and Families
- Youth Activities
- Local Unit Activities
- Other ____________________________________

For God and Country, we advocate for veterans, educate our citizens, mentor youth, and promote patriotism, good citizenship, peace, and security.

Visit us online at www.ALAforVeterans.org

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For nearly a century, The American Legion, American Legion Auxiliary and Sons of The American Legion have worked steadfastly, side by side, promoting patriotism and national security while supporting youth and advocating for veterans and active-duty military. The 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 multi-million member powerhouse of caring advocates dedicated to service. You and your family can join us! You’ll find that getting connected to The American Legion Family is one of the best decisions you’ll ever make. Please use the enclosed applications and send to the proper authority as instructed.

For details on The American Legion Family, please visit us today at:

The American Legion: www.legion.org
American Legion Auxiliary: www.ALAforVeterans.org
Sons of The American Legion: www.legion.org/sons
American Legion Riders: www.legion.org/riders

American Legion Auxiliary
National Headquarters
8945 N. Meridian St., Indianapolis, IN 46260
P: (317) 569-4500 | F: (317) 569-4502
www.ALAforVeterans.org
www.ALAFoundation.org

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THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Name ___________________________ (First)  (Initial)  (Last)   (Phone)
Address ___________________________ (Street) (City) (State) (Zip)

DUES RECEIPT

(Please Print)

Date ________________________________
Received From ________________________
$ __________________ for 20_____ Dues

Recruiter’s Name ______________________
Recruiter’s Signature ___________________
Recruiter’s Phone # ____________________

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.

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SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Date ________________________________
Detachment of ________________________ Squadron No. ________________________ Birth Date __________________________
Name _____________________________ (First) (Initial) (Last) Recruited by _____________________________
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 visit www.legion.org.

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AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name _____________________________ (First) (M.I.) (Last)
Address _____________________________ (Street) (City) (State) (Zip) (Phone)
Home Phone ____________________________ Cell Phone ____________________________
Email Address ____________________________ Unit # and Location ____________________________
Date of Birth (Required) ____________________________ Birth - 17 ___ 18 and over ___
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.ALAtoVeterans.org/contact/state_headquarters

Membership pending approval of application.

ELIGIBILITY INFORMATION

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

American Legion Member #________
Veteran’s American Legion Post Name Post # City State
Veteran Served: (check all that apply)

WWII (4/6/17-11/11/18) U.S. Army
WWII (12/7/41-12/31/46) U.S. Air Force
Korea (6/25/50-1/31/53) U.S. Marines
Vietnam (2/28/61-5/7/75) U.S. Coast Guard
Lebanon/Grenada (8/24/82-7/31/84) Merchant Mariners (12/7/41-12/31/46 - Only Eligibility)
Panama (12/20/89-1/31/90) Gulf War War on Terrorism (8/2/90 until cessation of hostilities)

Applicant’s Relationship to the Veteran:

Mother ___ Wife ___ Daughter ___ Sister ___
Grandmother ___ Granddaughter ___ Great-Granddaughter ___ 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/Office Membership Verification ____________________________ Date ____________________________