



APPLICATION FOR MEMBERSHIP

Please type or print

Applicant's

Full Name _____
(First) (MI) (Last) (Date of Birth)

- Senior (over 18)
- Junior (birth - 18)

(Mailing Address) (Work/Home Phone Number(s))

(City) (State) (ZIP) (Unit Number & Location) **21 Mo**

I am eligible for membership through the military service of _____
(Full Name)

Living Deceased He/She is a member of: _____
(American Legion Post) (Post #) (City) (State)

The veteran, Living or Deceased, served in:

- WWI (4/6/17-11/11/18)
- Korea (6/25/50-1/31/55)
- Grenada/Lebanon (8/24/82-7/31/84)
- Persian Gulf War (8/2/90 until cessation of hostilities as determined by the US Government)
- WWII (12/7/41-12/31/46)
- Vietnam (2/28/61-5/7/75)
- Panama (12/20/89-1/31/90)

Applicant's Relationship to the Veteran:

- Mother Granddaughter
 - Wife Great-Granddaughter
 - Sister Grandmother
 - Daughter Self
- (Step relatives are eligible)

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged.

Signature of Applicant: _____ Date: _____

Post Officer Membership Verification _____ Date: _____
Or Unit Secretary's Verification for Female Veterans Only

American Legion Auxiliary
Receipt of Dues
(Please Print)

From _____ \$ _____ for _____ (membership year) Unit # _____ Dept. _____

Recruiter's Printed Name: _____
Recruiter's Signature: _____
Recruiter's Phone #: _____

I am interested in learning more about the following:

- Volunteering at a VA Medical Center
- Participating in Educational Activities
- Moving Discounts
- Prescription Discounts
- Financial Services
- Helping with Unit Activities
- Fund-Raising Projects
- Dental Care Plan
- Eye Care Plan
- Working with Young People
- Community Volunteerism/Assistance

Check the member benefits on which you would like more information:

- Paid-Up-For-Life Membership (VIM)
- Displaced Homemakers Fund
- Moving Discounts
- Prescription Discounts
- Financial Services
- Auxiliary Emergency Fund
- Supplemental Insurance
- Dental Care Plan
- Eye Care Plan
- Car Rental
- Scholarships
- Credit Card
- Other: _____

Recruiter's Name (Unit/Post #) (City) (State)

The following individual(s) might also be interested in helping.

Please contact: _____ Phone # _____
_____ Phone # _____
_____ Phone # _____

Thank You

