



# THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Name \_\_\_\_\_  
First Initial Last Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State ZIP  
☐ Male ☐ Female

Membership ID# former member Post # Phone # Email Gender

Please check war era and branch of service below:

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

I certify that I have served federal active duty in the United States Armed Forces since December 7, 1941, and have been honorably discharged or I am still serving.

Signed by applicant \_\_\_\_\_ Date \_\_\_\_\_ Name of recruiter \_\_\_\_\_

If you are a new member, send this completed application with annual dues to The American Legion, Attn: Membership, P.O. Box 1055, Indianapolis, IN 46206 (check [www.legion.org/join](http://www.legion.org/join) for dues amount), or take it to a local post. To locate a post near you, click on "Find a Post" at [www.legion.org](http://www.legion.org).

D17010



## 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 \_\_\_\_\_ Recruited by \_\_\_\_\_  
First Initial Last 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 and apply for membership.

Email \_\_\_\_\_ Transmit \$ \_\_\_\_\_ for 20 \_\_\_\_\_ annual membership dues

Signed by applicant (or legal guardian if under 18) \_\_\_\_\_ 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](http://www.legion.org).

D17010



## DUES RECEIPT (Please Print)

Date \_\_\_\_\_  
Received From \_\_\_\_\_  
\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues  
Squadron No. \_\_\_\_\_  
Department of \_\_\_\_\_



# AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Unit # and Location (if known) \_\_\_\_\_

/ / ☐ Birth - 17 ☐ 18 and over  
Date of Birth (Required)

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 # (Required) 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):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Global War on Terror | <input type="checkbox"/> Lebanon/Grenada | <input type="checkbox"/> WWII            |
| <input type="checkbox"/> Gulf War             | <input type="checkbox"/> Vietnam         | <input type="checkbox"/> Other Conflicts |
| <input type="checkbox"/> Panama               | <input type="checkbox"/> Korea           |  |

**Applicant's Relationship to the Veteran:**

- |                                      |  |                                 |
|--------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Male Spouse | <input type="checkbox"/> Female Spouse | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Sister        | <input type="checkbox"/> Self   |
| <input type="checkbox"/> Daughter    | <input type="checkbox"/> 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

ALA 05/2021



## DUES RECEIPT (Please Print)

Date \_\_\_\_\_  
Received From \_\_\_\_\_  
\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues  
Recruiter's Name \_\_\_\_\_  
Recruiter's Signature \_\_\_\_\_  
Recruiter's Phone # \_\_\_\_\_