



# American Legion Auxiliary APPLICATION FOR MEMBERSHIP

## Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Unit Number \_\_\_\_\_ Location \_\_\_\_\_  
 Senior (over 18)  
 Junior (birth - 18) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Birth date required for Junior members)

Signature of Applicant (or legal guardian if Junior member) \_\_\_\_\_ Date \_\_\_\_\_

## Eligibility Information

Name of Veteran Eligible Through \_\_\_\_\_ Legion Member ID Number \_\_\_\_\_

(First) (M.I.) (Last)  
American Legion Post \_\_\_\_\_ Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Veteran:  Living  Deceased

### Veteran served in:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> WWI (4/6/17-11/11/18)     | <input type="checkbox"/> WWII (12/7/41-12/31/46)   | <input type="checkbox"/> Merchant Marines (12/7/41-8/15/45 Only) |
| <input type="checkbox"/> Korea (6/25/50-1/31/55)   | <input type="checkbox"/> Vietnam (2/28/61-5/7/75)  | <input type="checkbox"/> Grenada/Lebanon (8/24/82-7/31/84)       |
| <input type="checkbox"/> Panama (12/20/89-1/31/90) | <input type="checkbox"/> Persian Gulf War (8/2/90 until cessation of hostilities as determined by the US Government) |  |

### Applicant's Relationship to the Veteran: (Step relatives are eligible)

- Mother  Wife  Daughter  Sister  Granddaughter  Great-Granddaughter  Grandmother  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.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Post Officer Membership Verification (Or Unit Secretary's Verification for Female Veterans Only)

For Veteran's DD214 Discharge Papers: <http://www.archives.gov/veterans/military-service-records/dd-214.html>

### I am interested in learning more about the following:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Paid-Up-For-Life Membership (VIM)     | <input type="checkbox"/> Scholarships                        | <input type="checkbox"/> Fundraising     |
| <input type="checkbox"/> Volunteering at a VA Medical Center   | <input type="checkbox"/> Community Volunteerism / Assistance | <input type="checkbox"/> Member Benefits |
| <input type="checkbox"/> Participating in Education Activities | <input type="checkbox"/> Auxiliary Emergency Fund            | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Working with Young People             | <input type="checkbox"/> Helping with Unit Activities        |  |

Recruiter's Name \_\_\_\_\_ Unit/Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

The following individual(s) might also be interested in joining or volunteering.

Please contact: \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

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Mail or Deliver Completed Application to: American Legion Post 137, 5443 San Juan Avenue, Jacksonville FL 32210