



# THE AMERICAN LEGION – MEMBERSHIP APPLICATION



Name \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ (Last) \_\_\_\_\_ (Phone) \_\_\_\_\_

Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

\_\_\_\_\_ (Membership ID# Former Member) \_\_\_\_\_ (Email) \_\_\_\_\_ (Post #) \_\_\_\_\_ (Date)

**Please check appropriate eligibility dates and branch of service below:**

- |  |   |
|--|---|
| <input type="checkbox"/> WWI (4/6/17-11/11/18)   | <input type="checkbox"/> U.S. Army  |
| <input type="checkbox"/> WWII (12/7/41-12/31/46)   | <input type="checkbox"/> U.S. Navy  |
| <input type="checkbox"/> Korea (6/25/50-1/31/55)   | <input type="checkbox"/> U.S. Air Force   |
| <input type="checkbox"/> Vietnam (2/28/61-5/7/75)  | <input type="checkbox"/> U.S. Marines   |
| <input type="checkbox"/> Lebanon/Grenada (8/24/82-7/31/84)                                 | <input type="checkbox"/> U.S. Coast Guard                                       |
| <input type="checkbox"/> Panama (12/20/89-1/31/90)   | <input type="checkbox"/> Merchant Marines (12/7/41-12/31/46 - Only Eligibility) |
| <input type="checkbox"/> Gulf War/War on Terrorism (8/2/90 until cessation of hostilities) |   |

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](http://www.legion.org).**

ALA 11/2011

**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 \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_ (Last) \_\_\_\_\_ Recruited by \_\_\_\_\_ (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 \_\_\_\_\_

**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 [www.legion.org](http://www.legion.org).**

ALA 11/2011

**DUES RECEIPT**  
*(Please Print)*

\_\_\_\_\_ Date

\_\_\_\_\_ Received From

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues

\_\_\_\_\_ Squadron No.

\_\_\_\_\_ Department of



# AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

**APPLICANT INFORMATION**

Name \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Last)

Address \_\_\_\_\_

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

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

Email Address \_\_\_\_\_ Unit # and Location \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Birth - 17  18 and over

Date of Birth (Required)

Have you been a member before?  Yes  No

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Applicant (or legal guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**ELIGIBILITY INFORMATION**

Living  Deceased

Eligible Through-Name of Veteran (if living, must be American Legion member) \_\_\_\_\_

American Legion Member ID Number \_\_\_\_\_

Veteran's American Legion Post Name \_\_\_\_\_ Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Veteran Served: (check all that apply)**

<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 (12/7/41-12/31/46)	<input type="checkbox"/> Korea (6/25/50-1/31/55)
<input type="checkbox"/> Vietnam (2/28/61-5/7/75)	<input type="checkbox"/> Lebanon/Grenada (8/24/82-7/31/84)
<input type="checkbox"/> Panama (12/20/89-1/31/90)	<input type="checkbox"/> Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)

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

<input type="checkbox"/> Mother	<input type="checkbox"/> Wife	<input type="checkbox"/> Daughter	<input type="checkbox"/> Sister
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Great-Granddaughter	<input type="checkbox"/> 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/Officer Membership Verification \_\_\_\_\_ ALA 03/2013 \_\_\_\_\_ Date \_\_\_\_\_

**DUES RECEIPT**  
*(Please Print)*

\_\_\_\_\_ Date

\_\_\_\_\_ Received From

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues

\_\_\_\_\_ Recruiter's Name

\_\_\_\_\_ Recruiter's Signature

\_\_\_\_\_ Recruiter's Phone #

**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.ALAForVeterans.org/contact/state\\_headquarters](http://www.ALAForVeterans.org/contact/state_headquarters). Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine. **Membership pending approval of application.**