



**American
Legion
Auxiliary**

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)

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

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

The veteran, Living or Deceased, served in:

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

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

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandmother |
| <input type="checkbox"/> Wife | <input type="checkbox"/> Granddaughter |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Great-Granddaughter |
| <input type="checkbox"/> Daughter | <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.

Signature of Applicant: _____ **Date:** _____
Post Officer Membership Verification _____ **Date:** _____
or Unit Secretary's Verification for Female Veterans Only

For Mail-In Applicants only: Dues Paid: \$ _____

Payment Method:

<input type="checkbox"/> Check	<input type="checkbox"/> MasterCard	Acct # _____	Exp. Date ____/____
<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa	Signature _____	Date _____

I am interested in learning more about the following:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Volunteering at a VA Medical Center | <input type="checkbox"/> Helping with Unit activities | <input type="checkbox"/> With with young people | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Participating in Education activities | <input type="checkbox"/> Community Volunteerism/Assistance | <input type="checkbox"/> Paid up for Life Membership (VIM) | <input type="checkbox"/> Member Benefits |
| <input type="checkbox"/> Auxiliary Emergency Fund | <input type="checkbox"/> Fund-Raising | <input type="checkbox"/> Other: _____ | |

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

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

Please Contact: _____ Phone # _____
 _____ Phone # _____

Rochelle Park Auxiliary Unit 170