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:

❑ Global War on Terror
❑ Gulf War
❑ Panama
❑ Lebanon/Grenada
❑ Vietnam
❑ Korea
❑ WWII
❑ Other Conflicts

❑ U.S. Army
❑ U.S. Navy
❑ U.S. Air Force
❑ U.S. Marines
❑ U.S. Space Force
❑ U.S. Coast Guard
❑ Merchant Marines *(WWII only)*

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 for dues amount), or take it to a local post. To locate a post near you, click on "Find a Post" at 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 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 Unit # and Location (if known)

_____ / _____ / _____ ❑ Birth - 17 ❑ 18 and older
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

Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 569-4500 for assistance.
Annual dues must accompany completed application. Ask local contact for amount due.
Membership pending approval of application.

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: (check all that apply)

❑ WWI (4/6/1917-11/11/1918)

Anytime After 12/7/1941 (check all that apply):

❑ Global War on Terror
❑ Gulf War
❑ Panama
❑ Lebanon/Grenada
❑ Vietnam
❑ Korea
❑ WWII
❑ Other Conflicts

Applicant's relationship to the veteran:

❑ Male Spouse
❑ Female Spouse
❑ Mother
❑ Grandmother
❑ Sister
❑ Self
❑ Daughter
❑ 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 #