



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 _____
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 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

ELIGIBILITY INFORMATION

Full Name _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Cell phone _____

Email _____ Unit # and Location (if known) _____

Date of Birth (Required) Birth - 17 18 and older

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.

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
- Grandmother
- Daughter
- Female Spouse
- Sister
- Granddaughter
- Mother
- Self

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 9/22/21

DUES RECEIPT (Please Print)

Date _____

Received from _____

\$ _____ for 20 _____ dues

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____