



American Legion Auxiliary

World's largest women's patriotic service organization

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name _____ (First) _____ (M.I.) _____ (Last)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____
 / / o Senior (over 18)

Date of Birth (Only Required if *Under 18 years old*) _____ Unit # _____ Location _____
 / /

Signature of Applicant (or legal guardian if under 18) _____ **Date** _____

ELIGIBILITY INFORMATION

Eligible Through-Name of Veteran (if living, must be Legion member) _____ American Legion Member ID Number _____ Living Deceased

Veteran's American Legion Post Name _____ Post # _____ City _____ State _____

Veteran Served:
 WWI April 6, 1917 – November 11, 1918
 Any time after December 7, 1941 (check all that apply)
 Global War on Terror Panama Vietnam WWII
 Gulf War Lebanon/Grenada Korea Other Conflicts

Applicant's Relationship to the Veteran:
 Male Spouse Female Spouse Mother Grandmother Sister Self-Female Veteran Only
 Daughter Granddaughter

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 _____

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

HELP US GET YOU CONNECTED!

I am interested in learning more about:

<input type="radio"/> Paid Up for Life Membership	<input type="radio"/> Scholarships	<input type="radio"/> Fundraising
<input type="radio"/> Volunteering for Veterans	<input type="radio"/> Community Service	<input type="radio"/> Member Discounts and Services
<input type="radio"/> Education Activities	<input type="radio"/> Auxiliary Emergency Fund	<input type="radio"/> Activities to Support Active-Duty Military and Families
<input type="radio"/> Youth Activities	<input type="radio"/> Local Unit Activities	<input type="radio"/> Other _____

Recruiter's Name _____ Unit/Post # _____ City _____ State _____

Completed application may be submitted to the Post Manager, or bartender on duty, with membership dues of \$35.00, and all supporting documents; or mail application, check and supporting document (not original) to: American Legion Unit 10 Auxiliary, 9950 Cockrell Road, Manassas, Virginia 20110

Attn: Diana L. Lake

Email questions to: post10auxiliary@gmail.com Thank you for your interest in Unit 10 Auxiliary.