## APPLICANT INFORMATION

## **ELIGIBILITY INFORMATION**

Name	(First)	(M.I.)	(Last)		Eligible Through-Name of Veteran (if living	, must be American	Legion member)	☐ Deceased
Address	· ·			· · · · · · · · · · · · · · · · · · ·	American Legion Member ID Number			
City		State	Zip		Veteran's American Legion Post Name	Post #	City	State
Home Phone Cell Phone 32 Springfield				Veteran Served: (check all that apply) □ WWI (4/6/17-11/11/18) □ WWII (12/7/41-12/31/46)				
Email Address  Date	17 of Birth (Required)		110 and aver	Over \$30.00	☐ Merchant Marines (12/7/41-12/31/46) ☐ Vietnam (2/28/61-5/7/75) ☐ Panama (12/20/89-1/31/90)	☐ Korea (6/25/50☐ Lebanon/Grena☐ Gulf War/War o	-1/31/55) ada (8/24/82-7/31/84	
	a member before?	Yes No	/ 18) [	/ Date	Applicant's Relationship to the V  Mother Wife  Grandmother Granddaughter	Daughter	☐ Sister	
Annual due For current Depa	application to America s must accompany compartment address go to: v yearly non-refundable al	pleted application. A	sk local contact for an s.org/contact/state_ American Legion Auxi	nount due. _headquarters.	I certify that the above named individual se marked above and was honorably discharged Post Adjutant/Officer Membership Verificat	ged or is still serving	honorably.	ing the dates

Please fill out your application and mail it along with your check made ou t to American Legion Auxiliary Unit #32. 18 years of age and older \$30.00 17 years of age and younger \$5.00.

Springfield Unit #32 American Legion Auxiliary 1120 Sangamon Avenue Springfield, Illinois 62702-1853