



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

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

Address

City State Zip

Home Phone Cell Phone

Email Address

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

Have you been a member before? Yes No

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

Mail completed application to American Legion Auxiliary Department/state headquarters.
Annual dues must accompany completed application. Ask local contact for amount due.
For current Department address go to: www.ALforVeterans.org/contact/state_headquarters.
Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine.
Membership pending approval of application.

ELIGIBILITY INFORMATION

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

American Legion Member ID Number

Veteran's American Legion Post Name Post # City State

- Veteran Served: (check all that apply)**
- WWI (4/8/17-11/11/18)
 - Merchant Marines (12/7/41-12/31/46)
 - Vietnam (2/28/61-5/7/75)
 - Panama (12/20/89-1/31/90)
 - WWII (12/7/41-12/31/46)
 - Korea (8/25/50-1/31/55)
 - Lebanon/Grenada (8/24/82-7/31/84)
 - Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)

- Applicant's Relationship to the Veteran: (Step-relatives are eligible)**
- Mother Wife Daughter Sister
 - Grandmother Granddaughter Great-Granddaughter 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.

Post Adjutant/Officer Membership Verification ALA 05/2012 Date

Please fill out your application and mail it along with your check made out to American Legion Auxiliary Unit #32. 18 years of age and older \$32.00 17 years of age and younger \$5.00.

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