



# American Legion Auxiliary

## Membership Applications for Joining Your American Legion Family



# Your American Legion Family

### A Community of Volunteers Serving Veterans, Military, and their Families

## JOIN THE LEGION FAMILY!

The American Legion, American Legion Auxiliary, and Sons of The American Legion have worked decades, steadfastly, and side by side, promoting patriotism and national security while supporting youth and advocating for veterans and military. The American Legion Family also includes American Legion Riders, a program of motorcycle enthusiasts. Members join through a Riders chapter at an American Legion post.

While members of The American Legion Family are individually unique, collectively we are a multimillion member powerhouse of caring advocates dedicated to service. You and your family can join us! Please use the enclosed applications and send to the proper authority as instructed.

The American Legion Family online:

The American Legion  
[www.legion.org](http://www.legion.org)

American Legion Auxiliary  
[www.ALForVeterans.org](http://www.ALForVeterans.org)

Sons of The American Legion  
[www.legion.org/sons](http://www.legion.org/sons)

American Legion Riders  
[www.legion.org/riders](http://www.legion.org/riders)



American Legion Auxiliary  
National Headquarters

3450 Founders Road, Indianapolis, IN 46268-1334

P: (317) 569-4500 | F: (317) 569-4502

[www.ALForVeterans.org](http://www.ALForVeterans.org)

[www.ALAFoundation.org](http://www.ALAFoundation.org)

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## AMERICAN LEGION AUXILIARY MISSION:

*In the spirit of Service Not Self, the mission of the American Legion Auxiliary is to support The American Legion and honor the sacrifice of those who serve by enhancing the lives of our veterans, military, and their families, both at home and abroad. For God and country, we advocate for veterans, educate our citizens, mentor youth, and promote patriotism, good citizenship, peace and security.*



## There are many opportunities for involvement in the American Legion Auxiliary. Help us get you connected!

I am interested in learning more about:

- Volunteering for Veterans, Military, and Their Families
- Youth Activities, Including ALA Girls State, Junior Member Programs, and Scholarships
- Member Discounts and Services
- Other \_\_\_\_\_

Please contact the following individual about volunteering or joining the American Legion Auxiliary:

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

Visit us online at [www.ALForVeterans.org](http://www.ALForVeterans.org)



# THE AMERICAN LEGION – MEMBERSHIP APPLICATION



**DUES RECEIPT**  
*(Please Print)*

Name \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Membership ID# former member \_\_\_\_\_ Post # \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_ Gender  Male  Female

Please check war era and branch of service below:

- Global War on Terror
- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marines
- U.S. Space Force
- U.S. Coast Guard
- Korea
- Vietnam
- WWI
- Merchant Marines (WWII only)
- Other Conflicts

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](http://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 [www.legion.org](http://www.legion.org).**



# 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 \_\_\_\_\_ Department of \_\_\_\_\_

(a) Above is a member in good standing of Post No. \_\_\_\_\_ to \_\_\_\_\_

OR (b) Above is a deceased veteran who served honorably from \_\_\_\_\_ to \_\_\_\_\_

(c) Relationship of applicant to veteran \_\_\_\_\_ Where? \_\_\_\_\_

Has applicant previously been a member of the SAL? \_\_\_\_\_

I hereby subscribe to the Constitution of the Sons of The American Legion and apply for membership.

Email \_\_\_\_\_ Transmitt \$ \_\_\_\_\_ 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 [www.legion.org](http://www.legion.org).**



# AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Full Name \_\_\_\_\_ Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) \_\_\_\_\_

Address \_\_\_\_\_ American Legion Member ID # (Required) \_\_\_\_\_ Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Unit # and Location (if known) \_\_\_\_\_

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

Have you been a member previously?  Yes  No (If yes, fill in below, if known.)

Previous Unit City/State: \_\_\_\_\_ ALA ID#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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.

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.**

**DUES RECEIPT**  
*(Please Print)*

Date \_\_\_\_\_

Received From \_\_\_\_\_

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues \_\_\_\_\_

Squadron No. \_\_\_\_\_

Department of \_\_\_\_\_

**DUES RECEIPT**  
*(Please Print)*

Date \_\_\_\_\_

Received From \_\_\_\_\_

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues \_\_\_\_\_

Recruiter's Name \_\_\_\_\_

Recruiter's Signature \_\_\_\_\_

Recruiter's Phone # \_\_\_\_\_