



American Legion Auxiliary APPLICATION FOR MEMBERSHIP

Applicant Information

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

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ E-mail _____

Unit Number _____ Location _____

Senior (over 18) Junior (birth – 18) Date of Birth ____/____/____

Signature of Applicant (or legal guardian if Junior member) _____ Date _____

Eligibility Information

Name of Veteran Eligible Through _____ Legion Member ID Number _____

American Legion Post _____ Post Number _____ City _____ Zip _____

Veteran: Living Deceased

Veteran served in:

- | | | |
|--|--|--|
| <input type="checkbox"/> WWI (4/6/17 – 11/11/18) | <input type="checkbox"/> WWII (12/7/41 – 12/31/46) | <input type="checkbox"/> Merchant Marines (12/7/41 – 8/15/45 only) |
| <input type="checkbox"/> Korea (6/25/50 – 1/31/55) | <input type="checkbox"/> Vietnam (2/28/61 – 5/7/75) | <input type="checkbox"/> Grenada/ Lebanon (8/24/82 – 7/31/84) |
| <input type="checkbox"/> Panama (12/20/89 – 1/31/90) | <input type="checkbox"/> Persian Gulf War (8/2/90 until cessation of hostilities as determined by the US Government) | |

Applicant's Relationship to the Veteran: (Step relatives are eligible)

- Mother Wife Daughter Sister Granddaughter Great-Granddaughter Grandmother 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.

Signature: _____ Date _____

Post Officer Membership Verification (Or Unit Secretary's Verification for Female Veterans Only)

For Veteran's DD214 Discharge Papers: [Http://www.archives.gov/veterans/military-service-records/dd-214.html](http://www.archives.gov/veterans/military-service-records/dd-214.html)

I am interested in learning more about the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Paid Up-For-Life Membership (VIM) | <input type="checkbox"/> Scholarships | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Volunteering at a VA Medical Center | <input type="checkbox"/> Community Volunteerism/ Assistance | <input type="checkbox"/> Member Benefits |
| <input type="checkbox"/> Participating in Education Activities | <input type="checkbox"/> Auxiliary Emergency Fund | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Working with Young People | <input type="checkbox"/> Helping with Unit Activities | |

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

The following individual(s) might also be interested in joining or volunteering:

Please contact: _____ Phone # _____

_____ Phone # _____

Mail this completed form with a copy of the relative's DD214 and a check for \$26.00 made out to **American Legion Auxiliary Post 186** to:

**American Legion Auxiliary
4285 Pine Drive
Little River, SC 29566**

OR

Bring to the Post and give to the bartender. Mark the envelope Auxiliary