



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Email Address _____ Unit # and Location (if known) **0007 FL**

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

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

Previous Unit City/State: _____ ALA ID#: _____

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

ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) _____

If Living: _____
American Legion Member ID # _____ Post # _____ City _____ State _____

Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)

Veteran Served:

WWI (4/6/1917-11/11/1918)

Anytime After 12/7/1941 (check all that apply):

Global War on Terror Lebanon/Grenada WWII
 Gulf War Vietnam Other Conflicts
 Panama Korea

Applicant's Relationship to the Veteran:

Male Spouse Female Spouse Mother
 Grandmother Sister Self
 Daughter Granddaughter

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.

_____/_____/_____ / _____ / _____
Post Adjutant/Officer Membership Verification Date

ALA 09/2019

Annual dues must accompany completed application. Ask local contact for amount due.
Membership pending approval of application.

Mail completed Application along with **\$32.00** Annual Dues to:

Auxiliary Unit 7
1760 Turner Street
Clearwater, FL 33756-6247