

AMERICAN LEGION AUXILIARY

Membership Applications for Joining
American Legion Family Organizations



The American Legion Family

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

JOIN OUR LEGION FAMILY!

The American Legion, American Legion Auxiliary, and Sons of The American Legion have worked decades, steadfastly and side by side, by 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

American Legion Auxiliary
www.AL4forVeterans.org

Sons of The American Legion
www.legion.org/sons

American Legion Riders
www.legion.org/riders



American Legion Auxiliary
National Headquarters
3450 Founders Road, Indianapolis, IN 46268
P: (317) 569-4500 | F: (317) 569-4502
www.AL4forVeterans.org
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.AL4forVeterans.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
- Gulf War
- U.S. Navy
- Panama
- U.S. Air Force
- Lebanon/Grenada
- U.S. Marines
- Vietnam
- U.S. Space Force
- Korea
- U.S. Coast Guard
- WWII
- 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 _____

07/010

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 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.



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION



DUES RECEIPT
(Please Print)

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 _____

(a) Above is a member in good standing of Post No. _____ Department of _____

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 _____ Transmit \$ _____ for 20 _____ annual membership dues

Signed by applicant (or legal guardian if under 18) _____ Eligibility certified by _____

07/010

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.



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION



DUES RECEIPT
(Please Print)

APPLICANT INFORMATION

Full Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Email Address _____ Unit # and Location (if known) _____

Date of Birth (Required) _____ Birth to 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#: _____ / / _____

ELIGIBILITY INFORMATION

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

If Living: _____

American Legion Member ID # (Required) _____ Post # _____ City _____ State _____

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

Veteran Served:

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

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

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

Applicant's Relationship to the Veteran:

- Male Spouse
- Female Spouse
- Grandmother
- Sister
- Daughter
- Granddaughter
- Mother
- Self

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.

Post-Adjutant/Officer Membership Verification _____

ALA 10/2023

Date _____