

## THE AMERICAN LEGION – MEMBERSHIP APPLICATION

| Price   Street   Street   City   State   2     DUES RECEIPT   (Pleases Print)   Pleases P   | Name                                |  |  |  |   |                       |
|--|-------------------------------------|--|--|--|---|-----------------------|
| DUES   CEPT   College Print    College   | ivanie                              | First  | Initial  | Last   | Date of Birth   | - FIREGIOTHE          |
| Person of the control of the contr   | Address                             | Street   | City   | State  | ZIP   | DUES RECEIPT          |
| Planted Clock has core and branch of service to Broke.    Glad Fate   Glad G | -                                   |  | 850(   |  | ☐ Male ☐ Fema   | ale (Please Print)    |
| Global ther on Teams   |                                     | 26   |  | one # Email  | Gender  |                       |
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| Utilizary officerate   |                                     | Gulf War   | U.S. Navy  |  |   | Received From         |
| Marcard   Control Controls   |                                     | Lebanon/Grenada  | U.S. Marines   |  |   | 6                     |
| Wiles   Conference   Conferen   |                                     |  |  |  |   | \$Du                  |
| Testify that   Review served flocked active day in the United States Anneal Frances inco December 7, 1941, and here been habotably dechaged at Jam still serving.  |                                     |  |  | only)  |   | Dogovitor's Norms     |
| Page of the page   |                                     |  | States Armed Forces since Decemi   | per 7, 1941, and have been honorably discharged  | or I am still serving.  | necturer's reame      |
| From the above search this completed application with sanual dues to The American Legion, Atter: Membership, P.O. Box 1105, Indianspolis, IN 46006   |                                     |  |  |  |   | Recruiter's Signature |
| Date   Description of   Squadron No.   Sprin date   Description of   Squadron No.   Sprin date   Description of   Descriptio | If you are a new<br>(check www.legi | member, send this completed a<br>on.org/join for dues amount), or  | oplication with annual dues to take it to a local post. To local   | The American Legion, Attn: Membership<br>te a post near you, click on "Find a Post"  | , P.O. Box 1055, Indianapolis, IN 46206<br>at www.legion.org. | Recruiter's Phone #   |
| Name First Infilial Lest   | Date                                |  |  |  |   | V                     |
| First Inhiel Last   Inhiel Las | Detachment of                       | Association of the second seco | Squadron No  | B  | irth date   | - Millian             |
| AMPERICAN LEGION AUXILIARY — MEMBERSHIP APPLICATION  APPLICANT INFORMATION  APPLICANT INFORMATION  APPLICANT INFORMATION  Bitle  | Name                                | First Initial  | Last   | Recruited by   | al Lact   | DUES RECEIPT          |
| Date      | Address                             |  |  |  | LGS1  | (Please Print)        |
| Department of   Department o   | Votoron through who                 |  |  |  | Phone   | _                     |
| Comparison of popularity to veleran who served hororably from   10   Received From   10   R   |                                     | The state of the s |  |  |   | Date                  |
| Comparison   Com   |                                     |  |  |  |   | •                     |
| Has applicant previously been a member of the SAL?  Where?  It is placed to the Constitution of the Sons of The American Legion and apply for membership.  Transmit S  Eligibility certified by  AMERICAN LEGION AUXILIARY — MEMBERSHIP APPLICATION  APPLICANT INFORMATION  ELIGIBILITY INFORMATION  |                                     |  |  |  |   | :                     |
| Pereilly subscribe to the Constitution of the Sors of The American Legion and apply for membership.   Transmit S   |                                     |  |  |  |   |                       |
| Transmit \$ to 720 annual membership dues Signed by applicant (or legal guardian if under 18)  |                                     |  |  |  |   | :                     |
| Department of 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  APPLICANT INFORMATION  ELigibility InFORMATION  ELigibility InFORMATION  ELigibility InFORMATION  ELigibility InFORMATION  Eligibile Through—Name of Veterans: List Your Own Name)  Il Living: American Legion Member 1D # (Required) Deceased (If Veterans is deceased, contact ALA unit about the necessary military records.)  Veterans Served:    WWII (4/6/19/17-11/11/19/18)   Applicant's Relationship to the Veterans:   WWII (4/6/19/17-11/11/19/18)   WWII (4/6/19/17-11/11/19/18)   WWII (4/6/19/17-11/11/19/18)   Applicant's Relationship to the Veterans:   WWII (4/6/19/17-11/11/19/18)   WWII (4/6/19/17-11/11/19/18)   Applicant's Relationship to the Veterans:   WWII (4/6/19/17-11/11/19/18)   WWII (4/6/19/17-11/11/19/18)   Applicant's Relationship to the Veterans:   WWII (4/6/19/17-11/11/19/18)   WWII (4/6/19/17-11/11/19/18)   WWII (4/6/19/17-11/11/19/18)   Applicant's Relationship to the Veterans:   WWII (4/6/19/17-11/11/19/18)   WWII (4/ | Email                               |  |  |  | for 20 annual membership d                                    | ues :                 |
| AMERICAN LEGION AUXILIARY — MEMBERSHIP APPLICATION  APPLICANT INFORMATION  Eligible Through—Name of Veteran (Female Veterans: List Your Own Name)  If Living: American Legion Member 10 # (Required)  Argument Address  If Living: American Legion Member 10 # (Required)  Argument Address  If Living: American Legion Member 10 # (Required)  Date of Birth (Required)  Beth 1-17   15 and over   Date of Birth (Required)   Date of Bir | Signed by applicant                 |  |  |  |   |                       |
| Address    If Living:  | for amount due. I                   | MERICAN LE   | GION AUXIL   | IARY — MEMBERS   | HIP APPLICATION   | 7010                  |
| American Legion Member ID # (Required) Post # City State    Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)   Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)   Veteran Served:   Weteran Served:   Www. (A/6/1917-11/11/1918)   Anytime After 12/7/1941 (check all that apply):   Global War on Terror   Lebanon/Grenada   WWII     Guilf War   Vietnam   Other Conflicts   Received From     Panama   Korea     Applicant's Relationship to the Veteran:   Self     Grandmother   Sister   Self     Daughter   Granddaughter     To Be Completed By The American Legion Post Adjutant/Officer     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.     Recruiter's Signature     Recruiter's S | Full Name                           |  |  | Eligible Through—Name of Veteran (Fema   | le Veterans: List Your Own Name)                              |                       |
| Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)   Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)   Veteran Served:  | Address                             |  |  |  | red) Post# City State   | •                     |
| Anytime After 12/7/1941 (check all that apply):    Global War on Terror   Lebanon/Grenada   WWII     Guif War   Vicitam   Other Conflicts     Panama   Korea     Applicant's Relationship to the Veteran:   Sister   Self     Previous Unit City/State:   ALA ID#:     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.     Anytime After 12/7/1941 (check all that apply):     Global War on Terror   Lebanon/Grenada   WWII     Global War on Terror   Vicitam   Other Conflicts     Received From     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     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.     Recruiter's Name     Recruiter's Signature     Recr | City                                | State  | ZIP  | <ul> <li>Deceased (If veteran is deceased, con</li> </ul>  |   | (Please Print)        |
| Global War on Terror   Lebanon/Grenada   WWII   Gloth War   Vietnam   Other Conflicts   Received From   Vietnam   Other Conflicts   Vietnam   Othe | Home Phone                          | Cell Phone   |  |  | olv):   | Pate                  |
| Panama   | Email Address                       | Ur   | nit # and Location (if known)  | — ☐ Global War on Terror ☐ Le  | ebanon/Grenada  | • Daid                |
| Have you been a member previously? I Yes I No (If yes, fill in below, if known.)    Male Spouse  |                                     |  |  | ☐ Panama ☐ Korea   |   | Received From         |
| Previous Unit City/State:  ALA ID#:    Daughter   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.    Grandmother   Sister    |                                     |  | ves. fill in below if known )  | ☐ Male Spouse ☐ Female Spouse  | ☐ Mother  | \$                    |
| Signature of Applicant (or legal guardian if under 18)  Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 569-4500 for assistance.  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.  Recruiter's Name  Recruiter's Name  Recruiter's Name  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.  Recruiter's Name  |                                     | 37.5 126   | A STATE OF THE STA | ☐ Grandmother ☐ Sister   |   |                       |
| Signature of Applicant (or legal guardian if under 18)  Date  L 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.  Recruiter's Signature  Recruiter's Signature   | revious onit Otty/St                | uso  | ALA ID#:   | The companion of the co | an Legion Post Adjutant/Officer                               | Recruiter's Name      |
| Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 569-4500 for assistance.  | Signature                           | of Applicant (or legal guardian if under   | / / / Date   | <ul> <li>I certify that the above named individual se</li> </ul>   | rved at least one day of active duty during the date          |                       |
|  | contac                              | t National Headquarters at (317) 569   | 9-4500 for assistance.   |  |   |                       |

Membership pending approval of application.

Recruiter's Phone #