

AMERICAN LEGION AUXILIARY UNIT #140 MEMBERSHIP APPLICATION

Dear Applicant:

The Officers and Members of the Auxiliary would like to welcome you. As a candidate for membership, the following must be provided.

- The attached application completed (be sure all info is filled in and signed)
- The name of the Veteran you are joining under**
- A copy of the Veterans DD214 (discharge paper) Be sure to mark the conflict the Veteran served in
- \$35.00 for membership dues (annually/January-December)
- Dues received after December 31st of each year, will incur a **\$10.00 late fee**

**The Veteran you are joining under must be a member of the American Legion. Please provide a copy of the Veterans membership card. This does not apply to deceased Veterans.

MEETINGS ARE HELD THE 2ND MONDAY OF EACH MONTH (EXCLUDING JUNE-JULY-AUGUST) AT 6:00pm at Post 140

APPLICATION CANNOT BE PROCESSED WITHOUT ELIGIBILITY

American Legion Auxiliary MEMBERSHIP APPLICATION

APPLICANT INFORMATION

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

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Email Address _____

Date of Birth (Required) _____ Birth - 17 18 and over Unit # _____ Location _____

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

Previous Unit City/State _____ ALA ID # (if known) _____
/ /

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.
For Veteran's DD214 Discharge Papers: www.archives.gov/veterans/military-service-records

Veteran Served:

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

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

Global War on Terror Panama Vietnam WWII

Gulf War Lebanon/Grenada Korea Other Conflicts

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 _____

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 _____

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.*