



APPLICATION FOR MEMBERSHIP

Please type or print

Applicant's Full Name

First Last (Year of Birth)

Senior (over 18) Junior (under 18)

Residing Address

Street City State Zip

I am eligible for membership through the military service of (Full Name)

I am eligible for membership through the military service of (Full Name)

- Living Deceased
The veteran, Living or Deceased, served in:
WWI (1917-1918) WWII (1939-1945)
Korea (1950-1953) Vietnam (1961-1975)
Crested Arrow (1947-1964) Panama (1989-1990)
Persian Gulf War (1990 and revision of hostilities)

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged.

Signature of Applicant Date

Recruiter's Signature (Recruiter's Name for Credit Bureau Only) Date

I am interested in learning more about the following:

- Volunteering at a VA Medical Center Helping with Unit Activities Working with Young People
Participating in Educational Activities Fund-Raising Projects Community Volunteering/Assistance

Check the member benefits on which you would like more information:

- Post-Up-Lifetime Membership (VEM) Auxiliary Emergency Fund Car Rental
Dependent Beneficiaries Fund Supplemental Insurance Scholarships
Moving Downs Dental Care Plan Credit Card
Long Distance Phone Service Eye Care Plan Other
Financial Services Prescription Discount

Recruiter's Name (Unit #) (City) (State)

The following individual(s) might also be interested in helping.

Please contact: Phone # Phone # Phone #

Thank You

A Membership Application

American Legion Auxiliary Receipt of Dues (Please Print)
From \$ for (membership year) Unit # Dept.
Recruiter's Printed Name
Recruiter's Signature
Recruiter's Phone #