



THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Name _____
 First Initial Last Date of Birth

Address _____
 Street City State ZIP

Male Female

Membership ID# former member Post # Phone # Email Gender

Please check war era and branch of service below:

<input type="checkbox"/> Global War on Terror	<input type="checkbox"/> U.S. Army
<input type="checkbox"/> Gulf War	<input type="checkbox"/> U.S. Navy
<input type="checkbox"/> Panama	<input type="checkbox"/> U.S. Air Force
<input type="checkbox"/> Lebanon/Grenada	<input type="checkbox"/> U.S. Marines
<input type="checkbox"/> Vietnam	<input type="checkbox"/> U.S. Space Force
<input type="checkbox"/> Korea	<input type="checkbox"/> U.S. Coast Guard
<input type="checkbox"/> WWII	<input type="checkbox"/> Merchant Marines (WWII only)
<input type="checkbox"/> 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 _____

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.

D17010



DUES RECEIPT (Please Print)

_____ Date

_____ Received From

\$ _____ for 20 _____ Dues

_____ Recruiter's Name

_____ Recruiter's Signature

_____ Recruiter's Phone #



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Date _____

Detachment of _____ Squadron No. _____ Birth date _____

Name _____ Recruited by _____
 First Initial Last 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 _____

Has applicant previously been a member of the SAL? _____ Where? _____

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 _____

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.

D17010



DUES RECEIPT (Please Print)

_____ Date

_____ Received From

\$ _____ for 20 _____ Dues

_____ Squadron No.

_____ Department of



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

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#: _____

_____/_____/_____
 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 # (Required) 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):

<input type="checkbox"/> Global War on Terror	<input type="checkbox"/> Lebanon/Grenada	<input type="checkbox"/> WWII
<input type="checkbox"/> Gulf War	<input type="checkbox"/> Vietnam	<input type="checkbox"/> Other Conflicts
<input type="checkbox"/> Panama	<input type="checkbox"/> Korea	

Applicant's Relationship to the Veteran:

<input type="checkbox"/> Male Spouse	<input type="checkbox"/> Female Spouse	<input type="checkbox"/> Mother
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Sister	<input type="checkbox"/> Self
<input type="checkbox"/> Daughter	<input type="checkbox"/> 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 10/2023



DUES RECEIPT (Please Print)

_____ Date

_____ Received From

\$ _____ for 20 _____ Dues

_____ Recruiter's Name

_____ Recruiter's Signature

_____ Recruiter's Phone #

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.