



American Legion Auxiliary

APPLICATION FOR MEMBERSHIP

Please type or print

Applicant's Full Name _____ /_____/_____
(First) (MI) (Last) (Date of Birth) Senior (over 18) Junior (birth - 18)

(Mailing Address) (Work/Home Phone Number(s))

(City) (State) (ZIP) (Unit Number & Location)

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

Living Deceased He/She is a member of: _____
(American Legion Post) (Post #) (City) (State)

The veteran, Living or Deceased, served in:
 WWI (4/6/17 - 11/11/18) Vietnam (2/28/61 - 5/7/75)
 WWII (12/7/41 - 12/31/46) Grenada/Lebanon (8/24/82 - 7/31/84)
 Merchant Marines (12/7/41 - 8/15/45 only) Panama (12/20/89 - 1/31/90)
 Korea (6/25/50 - 1/31/55) Persian Gulf War (8/2/90 to cessation of hostilities)

Applicant's Relationship to the Veteran: (Step relatives are eligible)
 Mother Grandmother
 Wife Granddaughter
 Sister Great-Granddaughter
 Daughter Self

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: _____ **Date:** _____
Post Officer Membership Verification _____ **Date:** _____
or Unit Secretary's Verification for Female Veterans Only

For Mail-In Applicants only: Dues Paid: \$ _____
Payment Method:
 Check MasterCard Acct # _____ Exp. Date ____/____/____
 Money Order Visa Signature _____ Date _____

I am interested in learning more about the following:

- Volunteering at a VA Medical Center
- Participating in Education activities
- Auxiliary Emergency Fund
- Helping with Unit activities
- Community Volunteerism/Assistance
- Fund-Raising
- With young people
- Paid up for Life Membership (VIM)
- Other: _____
- Scholarships
- Member Benefits

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

The following individual(s) might also be interested in helping:
Please Contact: _____ Phone # _____
_____ Phone # _____

Rochelle Park Auxiliary Unit 170