



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name _____
 Address _____
 City _____ State _____ ZIP _____
 Home Phone _____ Cell Phone _____
 Email Address _____ Unit # and Location (if known) _____
 / / Birth - 17 18 and over
 Date of Birth (Required)
 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 _____

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.

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.)
 Veteran Served:
 WWI (4/6/1917-11/11/1918)
 Anytime After 12/7/1941 (check all that apply):
 Global War on Terror Lebanon/Grenada WWII
 Gulf War Vietnam Other Conflicts
 Panama Korea
 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 _____

ALA 09/2019

Application Instructions for Unit Membership Chair

The American Legion Auxiliary Department of Michigan is not able to accept incomplete Membership Applications

Please ensure that each application is complete in its entirety or it will be mailed back to you!

We reserve the right to return to you the entire membership submission if items are not submitted correctly.

The following is REQUIRED on every ALA Membership Application.

- Full Name, Address, City, State, Zip, Phone Number, and Unit #
- Date of Birth
- Indicate if the member has been a member previously.
- If they have previously been a member, include the previous Unit #, State, and ALA ID#
- Signature of applicant and date
- Eligibility Information:
 Your new member must meet the eligibility requirements. If the Veteran they are eligible through is living, the Veteran MUST be a member of **The American Legion**. The Veteran Legion Member's ID, Post, City, and State information is REQUIRED. If the individual they are eligible through is deceased, a DD-214 must be provided to the Legion Post Adjutant/Officer Membership to review and approve.
- Service information under "Veteran Served" is REQUIRED. Please check the appropriate box(s).
- We must know the relationship of the application to the Veteran. Please select the appropriate box. (Please note that Great-Granddaughters are not eligible for membership)
- The **American Legion Post Adjutant/Officer** must sign and date the application. An Auxiliary member **MAY NOT** sign in place of the Legion Adjutant/Officer

Please keep in mind that with over 200 units and over 21,000 members throughout the state of Michigan (as of 1/23/20) that Department needs your cooperation in submitting membership applications, transmittals, data forms, and payments correctly.

We appreciate your cooperation in helping your Department process membership in a more efficient and timely manner.