

# AMERICAN LEGION AUXILIARY

Membership Applications for Joining  
American Legion Family Organizations



## The American Legion Family

A Community of Volunteers  
Serving Veterans, Military,  
and their Families

### JOIN OUR LEGION FAMILY!

The American Legion, American Legion Auxiliary, and Sons of The American Legion have worked decades, steadfastly and side by side, by promoting patriotism and national security while supporting youth and advocating for veterans and military. The American Legion Family also includes American Legion Riders, a program of motorcycle enthusiasts. Members join through a Riders chapter at an American Legion post.

While members of The American Legion Family are individually unique, collectively we are a multimillion member powerhouse of caring advocates dedicated to service. You and your family can join us! Please use the enclosed applications and send to the proper authority as instructed.

The American Legion Family online:

The American Legion

[www.legion.org](http://www.legion.org)

American Legion Auxiliary

[www.ALForVeterans.org](http://www.ALForVeterans.org)

Sons of The American Legion

[www.legion.org/sons](http://www.legion.org/sons)

American Legion Riders

[www.legion.org/riders](http://www.legion.org/riders)



American Legion Auxiliary  
National Headquarters  
3450 Founders Road, Indianapolis, IN 46268  
P: (317) 569-4500 | F: (317) 569-4502  
[www.ALForVeterans.org](http://www.ALForVeterans.org)  
[www.ALAFoundation.org](http://www.ALAFoundation.org)

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### AMERICAN LEGION AUXILIARY MISSION:



*In the spirit of Service  
Not Self, the mission  
of the American Legion  
Auxiliary is to support  
The American Legion and  
honor the sacrifice  
of those who serve by  
enhancing the lives  
of our veterans, military,  
and their families,  
both at home and abroad.  
For God and country,  
we advocate for veterans,  
educate our citizens,  
mentor youth,  
and promote patriotism,  
good citizenship, peace,  
and security.*

There are many opportunities for involvement in the  
American Legion Auxiliary. 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

Visit us online at  
[www.ALForVeterans.org](http://www.ALForVeterans.org)



# THE AMERICAN LEGION – MEMBERSHIP APPLICATION



**DUES RECEIPT**  
*(Please Print)*

Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Membership ID# former member \_\_\_\_\_ Post # \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_ Gender  Male  Female

Please check war era and branch of service below:

- Global War on Terror
- U.S. Army
- Gulf War
- U.S. Navy
- Panama
- U.S. Air Force
- Lebanon/Grenada
- U.S. Marines
- Vietnam
- U.S. Space Force
- Korea
- U.S. Coast Guard
- WWII
- Merchant Marines (WWII only)
- 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 \_\_\_\_\_  
 Recruiter's Signature \_\_\_\_\_  
 Recruiter's Phone # \_\_\_\_\_  
 07/010

**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](http://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](http://www.legion.org).**



# SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION



**DUES RECEIPT**  
*(Please Print)*

Date \_\_\_\_\_ Detachment of \_\_\_\_\_ Squadron No. \_\_\_\_\_ Birth date \_\_\_\_\_  
 Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_ Recruited by \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_  
 Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
 Veteran through whom eligibility is established \_\_\_\_\_ Department of \_\_\_\_\_  
 (a) Above is a member in good standing of Post No. \_\_\_\_\_ to \_\_\_\_\_  
 OR (b) Above is a deceased veteran who served honorably from \_\_\_\_\_ Where? \_\_\_\_\_  
 (c) Relationship of applicant to veteran \_\_\_\_\_  
 Has applicant previously been a member of the SAL? \_\_\_\_\_  
 I hereby subscribe to the Constitution of the Sons of The American Legion and apply for membership.  
 Email \_\_\_\_\_ Transmit \$ \_\_\_\_\_ for 20 \_\_\_\_\_ annual membership dues  
 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](http://www.legion.org).**

07/010



# AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION



**DUES RECEIPT**  
*(Please Print)*

## APPLICANT INFORMATION

Full Name \_\_\_\_\_ Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) \_\_\_\_\_  
 Address \_\_\_\_\_ American Legion Member ID # (Required) \_\_\_\_\_ Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Unit # and Location (if known) \_\_\_\_\_ Birth to 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

If Living: \_\_\_\_\_  
 Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)   
**Veteran Served:**  
 WWII (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 10/2023