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

American Legion Auxiliary
www.ALAforVeterans.org

Sons of The American Legion
www.legion.org/sons

American Legion Riders
www.legion.org/riders

AMERICAN LEGION AUXILIARY

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

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 _____

AMERICAN LEGION AUXILIARY MISSION:

The American Legion Auxiliary honors the sacrifice of those who serve by uniting members to make a meaningful impact for veterans, military and their families, and communities.

Visit us online at www.ALAforVeterans.org

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:

- ❑ Global War on Terror
- ❑ Gulf War
- ❑ Panama
- ❑ Lebanon/Grenada
- ❑ Vietnam
- ❑ Korea
- ❑ WWII
- ❑ Other Conflicts

- ❑ U.S. Army
- ❑ U.S. Navy
- ❑ U.S. Air Force
- ❑ U.S. Marines
- ❑ U.S. Space Force
- ❑ U.S. Coast Guard
- ❑ Merchant Marines (WWII only)

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)

_____/_____/_____ ❑ 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

_____
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):

- ❑ Global War on Terror
- ❑ Gulf War
- ❑ Panama
- ❑ Lebanon/Grenada
- ❑ Vietnam
- ❑ Korea
- ❑ WWII
- ❑ Other Conflicts

Applicant's Relationship to the Veteran:

- ❑ Spouse
- ❑ Parent
- ❑ Sibling
- ❑ Grandparent
- ❑ Grandchild
- ❑ Child
- ❑ Self (Female Veteran or Female Current Servicemember)

To be Completed by an Officer of The American Legion or American Legion Auxiliary
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.

_____ /_____/_____
Officer Membership Verification Date

ALA 09/14/2026

DUES RECEIPT
(Please Print)

_____
Date

_____
Received From

$_____ for 20_____ Dues

_____
Recruiter's Name

_____
Recruiter's Signature

_____
Recruiter's Phone #