



American Legion Auxiliary

World's largest women's patriotic service organization

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name (First) _____ (M.I.) _____ (Last) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Date of Birth (Required) Birth - 17 18 and over _____ Unit # _____ Location _____ / _____ / _____

Signature of Applicant (or legal guardian if under 18) _____ Date _____

ELIGIBILITY INFORMATION

Eligible Through-Name of Veteran (if living, must be Legion member) _____ American Legion Member ID Number _____ Living Deceased

Veteran's American Legion Post Name _____ Post # _____ City _____ State _____

Veteran Served: (check all that apply)

WWI (4/6/17-11/11/18) WWII (12/7/41-12/31/46) Merchant Marines (12/7/41-12/31/46)

Korea (6/25/50-1/31/55) Vietnam (2/28/61-5/7/75) Lebanon/Grenada (8/24/82-7/31/84)

Panama (12/20/89-1/31/90) Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)

Applicant's Relationship to the Veteran:

Mother Wife Daughter Sister

Grandmother Granddaughter Great-Granddaughter Self

Have you been a member previously? Yes No

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 _____

For Veteran's DD214 Discharge Papers: <http://www.archives.gov/veterans/military-service-records>

HELP US GET YOU CONNECTED!

I am interested in learning more about:

Paid Up For Life Membership Scholarships Fundraising

Volunteering for Veterans Community Service Member Discounts and Services

Education Activities Auxiliary Emergency Fund Activities to Support Active-Duty Military and Families

Youth Activities Local Unit Activities Other _____

Recruiter's Name _____ Unit/Post # _____ City _____ State _____

Please contact the following individual(s) about volunteering or joining the American Legion Auxiliary:

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Mail completed application to Ira H. Hayes Auxiliary Unit 84 at P.O.Box 1955 Sacaton, AZ. 85247-1955

Annual dues must accompany completed application. Ask local contact for amount due. For current department address go to:

www.iraheyestpost84.org and click Contact Us.

Membership pending approval of application.