

Recruiter's Name

American Legion Auxiliary MEMBERSHIP APPLICATION

		APPLICAN	T INFORMATION	ON ———		
Name	(First)	(M.I.)		(Last)		
Address						
City		State		ZIP		
Home Phone		Cell Phone			Email Address	
/ Date of Birth (/	18 and over	er 412 Unit #	Lake No	na/South Orlando Location	
	n a member previously?	☐ No (If yes,	fill in below.)			
Previous Unit	City/State			A	LA ID # (if known)	
Signature of A	pplicant (or legal guardian if under	18)			/ / / Date	
	· · · · · · · · · · · · · · · · · · ·	FLICIBILIT	V INCODMATIO	NI		
		- ELIGIBILIT	Y INFORMATIO	JN —		
Eligible Through	gh—Name of Veteran <i>(Female Vet</i> e	erans: List Your Ov	vn Name)			
If Living:	gi. Italiio or rotorali (romalo rot					
	merican Legion Member ID #	Post #	_	City	State	
	-If veteran is deceased, contact Al n's DD214 Discharge Papers: www					
Anytime Aft Globa Gulf V	1917-11/11/1918) ter 12/7/1941 (check all that apply) I War on Terror Panama Var Lebano	l	☐ Vietnam ☐ Korea	☐ WWII	S	
Applicant's Male Spous Daughter	Relationship to the Veteran: se	☐ Mother	Grandmother	☐ Sister	☐ Self	
	pleted By The American Legic e above named individual served a ng honorably.			ne dates marked ab	ove and was honorably discha	rged
Post Adjutant/	Officer Membership Verification				/ / / / Date	
		UELD LIC CET	YOU CONNEC	TED!		
☐ Voluntee☐ Youth Ac☐ Member☐ Other	ed in learning more about: ring for Veterans, Military, and The ctivities, Including ALA Girls State, J Discounts and Services t the following individual about volu	ir Families Iunior Member Pro	grams, and Schola	rships		
Names			Dhana		Con a !!	
Name			Phone		Email	
Name			Phone		Email	
Name			Phone	_	Email	

City

State

Unit/Post #