



AMERICAN LEGION AUXILIARY 459 MEMBERSHIP APPLICATION

PLEASE CHECK ONE: NEW MEMBER RENEWAL RE-JOIN (LAPSED)

APPLICANT INFORMATION

Name _____ (First) _____ (Middle Initial) _____ (Last)

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Email Address _____

Date of Birth (Required) _____ Birth - 17 18 and over

Have you been a member previously? Yes (If yes, fill in below) No

Previous Unit City/State _____ ALA ID# (if known) _____

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

Recruiter's Name _____

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.
For veteran's DD214 Discharge Papers: www.archives.gov/veterans/military-service-records

Veteran Served:

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

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.

_____ / _____ / _____



AUXILIARY RECEIPT OF DUES

DUES \$ _____ DATE _____

RECEIVED FROM _____

RECEIVED BY _____

www.post459.org

AMERICAN LEGION
NORTHEASTERN
UNIT
459

