

APPLICATION FOR MEMBERSHIP

Applicant's
Full Name

_____/_____/_____
(First) (MI) (Last) (Date of Birth)

- Senior (over 18)
 Junior (birth – 18)

(Mailing Address)

(Work/Home Phone Number(s))

(City)

(State)

(ZIP)

(Unit Number & Location)

I am eligible for membership through the military service of _____
(Full Name)

Living He/She is a member of: _____
 Deceased (American Legion Post) (Post #) (City) (State)

Applicant's Relationship to the Veteran:

- Mother
 Wife
 Sister
 Daughter
 Grandmother
 Granddaughter
 Great-Granddaughter
 Self

The veteran, Living or Deceased, served in:

- WWI (4/6/17-11/11/18)
 WWII (12/7/41-12/31/46)
 Merchant Marines (12/7/41-8/15/45 only eligibility)
 Korea (6/25/50-1/31/55)
 Vietnam (2/28/61-5/7/75)
 Grenada/Lebanon (8/24/82-7/31/84)
 Panama (12/20/89-1/31/90)
 Persian Gulf War (8/2/90 until cessation of hostilities)

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged.

Signature of Applicant: _____ Date: _____

Post Officer Membership Verification _____ Date: _____
Or Unit Secretary's Verification for Female Veterans Only

**Please mail completed application directly to the Department Headquarters,
along with a copy of the DD214* for the person through which you are eligible. Your Department
Headquarters will advise you of the dues amount required.**

Department Directory

Payment Method:

Dues Paid: \$ _____

- Check
 Money Order
 MasterCard Acct# _____ Exp. Date ____/____
 Visa Signature _____ Date _____

* call 1-800-801-0800 or visit www.nara.gov for DD214 instructions

I am interested in learning more about the following:

- Volunteering at a VA Medical Center
 Helping with Unit Activities
 Working with Young People
 Participating in Education Activities
 Fund-Raising Projects
 Community Volunteerism/Assistance
 [Paid up for Life Membership \(VIM\)](#)
 [Scholarships](#)
 [Auxiliary Emergency Fund](#)
 [Member Benefits](#)

Recruiter's Name

Unit/Post #

City

State

The following individual(s) might also be interested in helping.

Please contact: _____ Phone # _____

Phone # _____