



American Legion Auxiliary

World's largest women's patriotic service organization

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name (First) _____ (M.I.) _____ (Last) _____		
Address _____		
City _____		State _____
Home Phone _____		Cell Phone _____
Date of Birth (Required) _____		Email Address _____
<input type="checkbox"/> Birth - 17	<input type="checkbox"/> 18 and over	0028
Unit # _____		Grand Haven, MI
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 _____	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
Veteran's American Legion Post Name _____		Post # _____	City _____	State _____
Veteran Served: (check all that apply)				
<input type="checkbox"/> WWI (4/6/17-11/11/18)	<input type="checkbox"/> WWII (12/7/41-12/31/46)	<input type="checkbox"/> Merchant Marines (12/7/41-12/31/46)		
<input type="checkbox"/> Korea (6/25/50-1/31/55)	<input type="checkbox"/> Vietnam (2/28/61-5/7/75)	<input type="checkbox"/> Lebanon/Grenada (8/24/82-7/31/84)		
<input type="checkbox"/> Panama (12/20/89-1/31/90)	<input type="checkbox"/> Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)			
Applicant's Relationship to the Veteran:				
<input type="checkbox"/> Mother	<input type="checkbox"/> Wife	<input type="checkbox"/> Daughter	<input type="checkbox"/> Sister	
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Great-Granddaughter	<input type="checkbox"/> Self	
Have you been a member previously? <input type="checkbox"/> Yes <input type="checkbox"/> 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				

AMERICAN LEGION AUXILIARY MISSION STATEMENT

In the spirit of service, not self, the mission of the American Legion Auxiliary is to support the American Legion and to honor the sacrifice of those who serve by enhancing the lives of our veterans, military, and their families, both at home and abroad. For God and Country, we advocate for veterans, educate our citizens, mentor youth, and promote patriotism, good citizenship, peace and security.

YES, please add me to the volunteer contact list!

Name: _____ best method to contact: _____

NOTE: New member applications after June 30, 2016 will be added to 2017 membership roster.

2016/2017 Dues: \$42.00 for new senior members, \$3.00 for new junior (<18 years old) members.

Please include a check with your application, payable to American Legion Auxiliary.

Mail completed applications to:
 American Legion Auxiliary
 Charles A. Conklin Post #28
 700 S. Harbor Drive
 Grand Haven, MI 49417-1743

***** Membership pending approval of application. *****