American Legion Auxiliary

Application For membership

Please type or print

Auxiliary Post 253
Dues $25.00

Applicants
Full name_____ ____/_____/_____
(First) (Middle) (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
_ Deceased

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

The veteran, Living Or Deceased, Served in:

_ WWI (*4/6/17-11/11/18*)
_ WWII (*12/7/41- 12/31/46*)
_ Korea (*6/25/50-1/31/55*)
_ Vietnam (*2/28/61- 5/7/75*)
_ Grenada/Lebanon (*8/24/82-7/31/84*)
_ Panama (*12/2/89- 1/31/90*)
_ Persian Gulf War (*8/2/90 until cessation of hostilities As determined by the US Government*)

Applicant's Relationship to the Veteran:

_ Mother
_ Granddaughter
_ Wife
_ Great-Granddaughter
_ Sister
_ Grandmother
_ Daughter
_ Self
(Step relatives are eligible)

I certify that the above named individual serves 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