



THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Name _____
First Initial Last Date of Birth _____

Address _____
Street City State ZIP _____
☐ Male ☐ Female

Membership ID# former member Post # Phone # Email Gender

Please check war era and branch of service below:

- | | |
|---|---|
| ☐ Global War on Terror | ☐ U.S. Army |
| ☐ Gulf War | ☐ U.S. Navy |
| ☐ Panama | ☐ U.S. Air Force |
| ☐ Lebanon/Grenada | ☐ U.S. Marines |
| ☐ Vietnam | ☐ U.S. Space Force |
| ☐ Korea | ☐ U.S. Coast Guard |
| ☐ WWII | ☐ Merchant Marines (WWII only) |
| ☐ Other Conflicts | |

I certify that I have served federal active duty in the United States Armed Forces since December 7, 1941, and have been honorably discharged or I am still serving.

Signed by applicant _____ Date _____ Name of recruiter _____

If you are a new member, send this completed application with annual dues to The American Legion, Attn: Membership, P.O. Box 1055, Indianapolis, IN 46206 (check www.legion.org/join for dues amount), or take it to a local post. To locate a post near you, click on "Find a Post" at www.legion.org.

D17010



DUES RECEIPT (Please Print)

_____ Date _____
Received From _____
\$ _____ for 20 _____ Dues _____
Recruiter's Name _____
Recruiter's Signature _____
Recruiter's Phone # _____



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Date _____
Detachment of _____ Squadron No. _____ Birth date _____

Name _____ Recruited by _____
First Initial Last Initial Last

Address _____
Street City State ZIP Phone _____

Veteran through whom eligibility is established _____

(a) Above is a member in good standing of Post No. _____ Department of _____

OR (b) Above is a deceased veteran who served honorably from _____ to _____

(c) Relationship of applicant to veteran _____

Has applicant previously been a member of the SAL? _____ Where? _____

I hereby subscribe to the Constitution of the Sons of The American Legion and apply for membership.

Email _____ Transmit \$ _____ for 20 _____ annual membership dues

Signed by applicant (or legal guardian if under 18) _____ Eligibility certified by _____

Mail completed application to Sons of The American Legion department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current detachment address, go to The American Legion department/state headquarters, or visit www.legion.org.

D17010



DUES RECEIPT (Please Print)

_____ Date _____
Received From _____
\$ _____ for 20 _____ Dues _____
Squadron No. _____
Department of _____



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Email Address _____ Unit # and Location (if known) _____

_____/_____/_____
Date of Birth (Required) ☐ Birth to 17 ☐ 18 and over

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

Previous Unit City/State: _____ ALA ID#: _____

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

Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 569-4500 for assistance.

Annual dues must accompany completed application. Ask local contact for amount due.

Membership pending approval of application.

ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name)

If Living: American Legion Member ID # (Required) Post #

City _____ State _____

☐ Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)

Veteran Served:

☐ WWI (4/6/1917-11/11/1918)

Anytime After 12/7/1941 (check all that apply):

- | | | |
|---|--|--|
| ☐ Global War on Terror | ☐ Lebanon/Grenada | ☐ WWII |
| ☐ Gulf War | ☐ Vietnam | ☐ Other Conflicts |
| ☐ Panama | ☐ Korea | |

Applicant's Relationship to the Veteran:

- | | | | |
|-------------------------------------|---------------------------------|--|--------------------------------------|
| ☐ Spouse | ☐ Parent | ☐ Sibling | ☐ Grandparent |
| ☐ Grandchild | ☐ Child | ☐ Self (Female Veteran or Female Current Servicemember) | |

To be Completed by an Officer of The American Legion or American Legion Auxiliary

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.

Officer Membership Verification

ALA 09/14/2026

_____/_____/_____
Date



DUES RECEIPT (Please Print)

_____ Date _____
Received From _____
\$ _____ for 20 _____ Dues _____
Recruiter's Name _____
Recruiter's Signature _____
Recruiter's Phone # _____