

Name _____ First _____ Initial _____ Last _____ Date of Birth _____

Address _____ Street _____ City _____ State _____ ZIP _____

Membership ID# former member _____ Post # _____ Phone # _____ Email _____ Gender ☐ Male ☐ Female

Please check war era and branch of service below:

- ☐ Global War on Terror
☐ U.S. Navy
☐ U.S. Air Force
☐ Panama
☐ Lebanon/Grenada
☐ U.S. Marines
☐ Vietnam
☐ U.S. Space Force
☐ U.S. Coast Guard
☐ Korea
☐ 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 legion.org.

D17010



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Date _____

Detachment of _____ Squadron No. _____ Birth date _____

Name _____ First _____ Initial _____ Last _____ Recruited by _____ 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 _____ Where? _____

Has applicant previously been a member of the SAL? _____

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 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 _____ Unit # and Location (if known) _____

/ / Birth - 17 ☐ 18 and older

Date of Birth (Required) _____

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.



DUES RECEIPT
(Please Print)

Date _____

Received From _____

\$ _____ for 20 _____ dues

Recruiter's Name _____

Recruiter's Signature _____

Recruiter's Phone # _____

ALA 05/2021