

Please return completed application to:

American Legion Post 318 8543 South U.S. Highway 1 Port Saint Lucie, FL 34952-3347

AMERICAN LEGION AUXILIARY MEMBERSHIP APPLICATION

Name: D.O.B.:
Address: Senior (over 18)
City, State, Zip:
Phone: E-Mail:
I am eligible through the military service of
Who is Living Deceased and served in:
World War I (4/6/17 -11/11/18) World War II (12/7/41 - 12/13/46) Korean War (6/ 25/50 - 1/31/55)
Vietnam War (2/28/61 - 5/7/75) Lebanon/Grenada (8/24/82 - 7/31/84)
Operation Just Cause/Panama (12/20/89 - 1/31/90) Persian Gulf War (8/2/1990 to date to be determined
Merchant Marines (12/7/41 - 12/31/46)
He/She is a member of American Legion Post Legion Membership ID No. is:
Relationship of Applicant to Veteran: Mother Grandmother Wife Daughter
Sister Granddaughter Great-Granddaughter Self (step-relatives are eligible)
I am interested in learning more about:
Helping with Unit Activities Fund-Raising Projects Volunteering at a VA Hospital
Participating in Educational Activities Working with young people Community Volunteerism/Assistance
Check the member benefits on which you would like more information:
Money Market Savings Plan Long-Term Care Insurance Scholarship/Continuing Education

VIM Paid-Up-For-Life Me Displaced Homemakers I		Moving Discounts	Eye Care Plan
I hereby certify that the abov marked above and was hono		erved at least one	e day of active duty during the dates Enclosed is \$ as annual
(Signature of Applicant)	(Date)		membership dues.
Recruiter's Name	Unit/Post #	City	State
(Post Officer Membership Verifica	ion or Unit Sec'y Verifica	Date:	rans Only)

Upon completion, print the form using your browser's print function. Make 2 copies, 1 for your records and 1 to submit to the Post.

Last updated: 2/4/13