



American Legion Auxiliary

Application for Membership

Applicant's Full Name _____ m Senior (over 18)
_____ m Junior (birth - 18)
(First) (MI) (Last) (Date of Birth)

(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 He/She is a member of: _____
 Deceased (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)
- Merchant Marines (12/7/41-8/15/45 only eligibility)
- Korea (6/25/50-1/31/55)
- Vietnam (2/28/61-5/7/75)
- Grenada/Lebanon (8/24/82-7/31/84)
- Panama (12/20/89-1/31/90)
- Persian Gulf War (8/2/90 until cessation of hostilities)

Applicant's Relationship to the Veteran:

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

I certify that the above named individual served 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

Please mail completed application to American Legion Auxiliary Post 81;
169 Bound Tree Rd, P.O Box 484, Contoocook, NH 03229-0484

Payment Method:

Dues Paid: \$ _____

- Check
- Money Order
- MasterCard Acct # _____ Exp. Date ____/____
- Visa Signature _____ Date _____

I am interested in learning more about the following:

- Volunteering at a VA Medical Center
- Helping with Unit Activities
- Working with Young People
- Participating in Education Activities
- Fund-Raising Projects
- Community Volunteerism/Assistance
- [Paid up for Life Membership \(VIM\)](#)
- [Scholarships](#)
- [Auxiliary Emergency Fund](#)
- [Member Benefits](#)

Recruiter's Name Unit/Post # City State

The following individual(s) might also be interested in helping.

Please contact: _____ Phone # _____