



AMERICAN LEGION EARL WINEHART POST 96 AUXILIARY MEMBER APPLICATION FORM

APPLICANT INFORMATION

Name (First)	(M.I.)	(Last)
Address		
City	State	Zip
Home/Cell Phone ____ / ____ / ____		Email Address
<input type="checkbox"/> Birth -17 <input type="checkbox"/> 18 and Over		
Date of Birth (Required)	Unit #	Location
Have you been a member previously? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, fill in below)		
Previous Unit City/State		ALA ID # (If Known)
Signature of Applicant (or legal guardian if under 18)		Date

ELIGIBILITY INFORMATION

Eligible Through - Name of Veteran (Female Veterans: List your Own Name)			
If Living:			
American Legion Member ID #	Post #	City	State
<input type="checkbox"/> Deceased - If veteran is deceased, contact ALA unit about the necessary military records. For Veterans DD214 Discharge Papers: www.archives.gov/veterans/military-service-records			
Veteran Served:			
<input type="checkbox"/> WW1 (4/6/1917-11/11/1918)			
<input type="checkbox"/> Anytime After 12/7/1941 (Check all that apply):			
<input type="checkbox"/> Global War on Terror	<input type="checkbox"/> Panama	<input type="checkbox"/> Vietnam	<input type="checkbox"/> WW2
<input type="checkbox"/> Gulf War	<input type="checkbox"/> Lebanon/Grenada	<input type="checkbox"/> Korea	<input type="checkbox"/> Other Conflicts
Applicant's Relationship to the Veteran:			
<input type="checkbox"/> Male Spouse	<input type="checkbox"/> Female Spouse	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Daughter	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Sister	<input type="checkbox"/> Self
To be Completed By The American Legion Post Adjutant/Officer			
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.			
Post Adjutant/Officer Membership Verification			Date

HELP US GET YOU CONNECTED

I am Interested in learning more about:			
<input type="checkbox"/> Volunteering for Veterans, Military, and Their Families			
<input type="checkbox"/> Youth Activities, Including ALA Girls State, Junior Member Programs and Scholarships			
<input type="checkbox"/> Member Discounts and Services			
<input type="checkbox"/> Other			
Please contact the following individual about volunteering or joining the American Legion Auxiliary:			
Name	Phone	Email	
Name	Phone	Email	
Recruiters Name	Unit/Post #	City	State