



# THE AMERICAN LEGION - MEMBERSHIP APPLICATION



Name \_\_\_\_\_ Phone \_\_\_\_\_  
 (First) (Initial) (Last)

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

(Membership ID# Former Member) (Email) (Post#) (Date)

Please check appropriate eligibility dates below:

- WWI (4/6/1917-11/11/1918)
- WWII (12/7/1941-12/31/1946)
- Merchant Marines (12/7/1941 - 12/31/1946 - Only Eligibility)
- Korea (6/25/1950 - 1/31/1955)
- Vietnam (2/28/1961-5/7/1975)
- Lebanon/Grenada (8/24/1982-7/31/1984)
- Panama (12/20/1989-1/31/1990)
- Gulf War/War on Terrorism (8/2/1990 until cessation of hostilities)

Please check branch of service below:

- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marines
- U.S. Coast Guard

I certify that I served at least one day of active military duty during the dates marked above and was honorably discharged or am still serving honorably.

Signed by Applicant \_\_\_\_\_ Name of Recruiter \_\_\_\_\_

Mail completed application to: The American Legion, Department of Florida: P.O. Box 547859, Orlando, FL 32854.  
 Annual dues must accompany completed application. Ask local contact for amount due.

**DUES RECEIPT**  
 (Please Print)

\_\_\_\_\_ Date  
 \_\_\_\_\_ Received From  
 \$ \_\_\_\_\_ for 20 \_\_\_\_\_ Du  
 \_\_\_\_\_ 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 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 Address \_\_\_\_\_ Transmit \$ \_\_\_\_\_ for 20 \_\_\_\_\_ annual membership dues

Signed by Applicant (or Parent) \_\_\_\_\_ Eligibility certified by Post Adjutant \_\_\_\_\_

Mail or deliver completed application to your local Sons of the American Legion Squadron.  
 Annual dues must accompany completed application. To find a Squadron near you, visit the Squadron Locator at [www.floridal legion.org/sons](http://www.floridal legion.org/sons)

**DUES RECEIPT**  
 (Please Print)

\_\_\_\_\_ Date  
 \_\_\_\_\_ Received From  
 \$ \_\_\_\_\_ for 20 \_\_\_\_\_ Du  
 \_\_\_\_\_ Squadron No.  
 \_\_\_\_\_ Department of



# AMERICAN LEGION AUXILIARY - MEMBERSHIP APPLICATION



**APPLICANT INFORMATION**

Name \_\_\_\_\_  
 (First) (M.I.) (Last)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Unit # and Location \_\_\_\_\_

\_\_\_\_\_ Date of Birth (Required)

Have you been a member previously?  Yes  No

Signature of Applicant (or legal guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**ELIGIBILITY INFORMATION**

Eligible through / name of veteran (if living, must be American Legion member)  Living  Deceased

American Legion Member ID Number \_\_\_\_\_

Veteran's American Legion Post Name \_\_\_\_\_ Post# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Veteran served: (check all that apply)

- WWI (4/6/1917-11/11/1918)
- WWII (12/7/1941-12/31/1946)
- Merchant Marines (12/7/1941 - 12/31/1946)
- Korea (6/25/1950 - 1/31/1955)
- Vietnam (2/28/1961-5/7/1975)
- Lebanon/Grenada (8/24/1982-7/31/1984)
- Panama (12/20/1989-1/31/1990)
- Gulf War/War on Terrorism (8/2/1990 until cessation of hostilities)

Applicant's relationship with veteran:

- Mother  Wife  Daughter  Sister
- Grandmother  Granddaughter  Great-granddaughter  Self

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 \_\_\_\_\_

**DUES RECEIPT**  
 (Please Print)

\_\_\_\_\_ Date  
 \_\_\_\_\_ Received From  
 \$ \_\_\_\_\_ for 20 \_\_\_\_\_ Du  
 \_\_\_\_\_ Recruiter's Name  
 \_\_\_\_\_ Recruiter's Signature  
 \_\_\_\_\_ Recruiter's Phone #

Mail completed application to American Legion Auxiliary Florida headquarters:  
 P.O. Box 547917; Orlando, FL 32854-7917  
 Annual dues must accompany completed application. Ask local contact for amount due. For more information visit [www.alaf.org](http://www.alaf.org). Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine. Membership pending approval of application.