



# THE AMERICAN LEGION - MEMBERSHIP APPLICATION



Name \_\_\_\_\_  
First Initial Last Date of Birth

Address \_\_\_\_\_  
Street City State ZIP

Membership ID# former member Post # Email Gender  
 Male  Female

**Check Conflict below:**

- WWI
- WWII
- Merchant Marines
- Korea
- Vietnam
- Lebanon/Grenada
- Panama
- Gulf War/War on Terrorism
- Other

**Check Branch of Service below:**

- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marine Corps
- U.S. Coast Guard
- U.S. Merchant Marine (12/1941-12/1946)

I certify that I served at least one day of active military duty since December 7, 1941, and was honorably discharged or am still serving honorably.

Signed by applicant \_\_\_\_\_ Date \_\_\_\_\_ Name of recruiter \_\_\_\_\_

If you are a new member, send this completed application with annual dues to The American Legion, Department of Florida, Attn: Membership, P.O. Box 547859, Orlando, FL 32854 (check www.floridalegion.org/join for dues amount), or take it to a local post. To locate a post near you, click on "Post Locator" at www.floridalegion.org.

For more information: Call (407) 295-2631 or (800) 393-3378 Email mail@floridalegion.org Visit www.floridalegion.org

### DUES RECEIPT

(Please print clearly)

Date

Received From

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues

Recruiter's Name

Recruiter's Signature

Recruiter's Phone #



# SONS OF THE AMERICAN LEGION - MEMBERSHIP APPLICATION



Date \_\_\_\_\_ Squadron # \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of veteran whom eligibility is established \_\_\_\_\_ Relationship of applicant to veteran \_\_\_\_\_

Choose one:  Above is a member in good standing of Post No # \_\_\_\_\_  Above is deceased veteran who served honorably from \_\_\_\_\_ to \_\_\_\_\_

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.

Signed by Applicant (or legal guardian if under 18) \_\_\_\_\_ Eligibility certified by \_\_\_\_\_

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

For more information: Call (407) 295-2631 or (800) 393-3378 Email floridasons@legionmail.org Visit www.floridasons.org

### DUES RECEIPT

(Please print clearly)

Date

Received From

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues

Recruiter's Name

Recruiter's Phone #

Squadron No #



# AMERICAN LEGION AUXILIARY - MEMBERSHIP APPLICATION



First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Unit # and location \_\_\_\_\_ Date of Birth \_\_\_\_\_  Birth - 17  18 and older

### ELIGIBILITY INFORMATION

Eligible through / name of veteran (if living, must be American Legion member)  Living  Deceased American Legion Member ID Number \_\_\_\_\_ Post # \_\_\_\_\_ City \_\_\_\_\_

**Veteran served: (check all that apply)**

- WWI
- WWII
- Merchant Marines
- Korea
- Vietnam
- Lebanon/Grenada
- Panama
- Gulf War/War on Terrorism
- Other

**Applicant's relationship to the veteran:**

- Self
- Male Spouse
- Female Spouse
- Mother
- Grandmother
- Sister
- Daughter
- Granddaughter

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.

Applicant Signature (or legal guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_ Post Adjutant/Officer Membership Verification \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application to American Legion Auxiliary, Department of Florida, Attn: Membership, P.O. Box 547917, Orlando, FL 32854 Annual dues must accompany application. Ask local contact for amount due.

For more information: Call (407) 293-7411 or (866) 710-4192 Email secretary@alaf.org Visit www.alaf.org

### DUES RECEIPT

(Please print clearly)

Date

Received From

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues

Recruiter's Name

Recruiter's Signature

Recruiter's Phone #