

AMERICAN LEGION AUXILIARY

THE AMERICAN LEGION FAMILY

The American Legion: Founded in 1919, The American Legion is the nation's largest and most influential veterans service organization. It is made up of wartime veterans who focus activities on the organization's Four Pillars: Veterans Affairs & Rehabilitation, National Security, Americanism, and Children & Youth. [legion.org/join](https://www.legion.org/join)

The Sons of The American Legion (SAL): Founded in 1932, the Sons of The American Legion honor the service and sacrifice of America's veterans. The SAL is composed of male descendants of veterans who served in the U.S. Armed Forces and are eligible for membership in The American Legion. [legion.org/sons/join](https://www.legion.org/sons/join)

The American Legion Auxiliary (ALA): The American Legion Auxiliary is dedicated to serving veterans, the military, and their families. ALA members are fiercely committed to outreach, advocacy and strengthening communities through service. [ALAforVeterans.org](https://www.ALAforVeterans.org)

American Legion Riders (ALR): The American Legion Riders have raised nearly \$2 million for The American Legion Veterans & Children Foundation to help support disabled veterans and children in need. Riders support numerous Legion programs and provide an honored presence at military funerals and patriotic events. Participants must be members of The American Legion, American Legion Auxiliary or Sons of The American Legion. [legion.org/riders](https://www.legion.org/riders)



JOIN THE AMERICAN LEGION FAMILY!

The American Legion, American Legion Auxiliary and Sons of The American Legion have spent decades working side by side to promote patriotism and national security, support youth, and advocate for veterans and military families.

The American Legion Family includes the Legion, SAL, Auxiliary and Legion Riders, which is a program for motorcycle enthusiasts who join through Riders chapters at local American Legion posts.

Individually, members of the American Legion Family are unique, however, collectively we are a multimillion-member force of dedicated advocates committed to service.

Join the Legion Family by filling out the enclosed application and return to the post, squadron or unit that you would like to join.

For details on the American Legion Family, contact:

THE AMERICAN LEGION

P.O. Box 1055
Indianapolis, IN 46206
(317) 630-1321
ia@legion.org
[legion.org](https://www.legion.org)

AMERICAN LEGION AUXILIARY

3450 Founders Road
Indianapolis, IN 46268
(317) 569-4500
alahq@alaforveterans.org
[ALAforVeterans.org](https://www.ALAforVeterans.org)

SONS OF THE AMERICAN LEGION

P.O. Box 1055
Indianapolis, IN 46206
(317) 630-1205
sal@legion.org
[legion.org/sons](https://www.legion.org/sons)



Connect with The American Legion

This institution is an equal opportunity provider.

AMERICAN
LEGION



Join The American Legion Family



Name _____ First _____ Initial _____ Last _____ Date of Birth _____
 Address _____ Street _____ City _____ State _____ ZIP _____
 Membership ID# former member _____ Post # _____ Phone # _____ Email _____
 Gender Male Female

Please check war era and branch of service below:

- Global War on Terror
- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marines
- Vietnam
- U.S. Space Force
- Korea
- U.S. Coast Guard
- Merchant Marines (WWII only)
- Other Conflicts

I certify that I have served federal active duty in the United States Armed Forces since December 7, 1941, and have been honorably discharged or I am still serving.

Signed by applicant _____ Date _____ Name of recruiter _____
 If you are a new member, send this completed application with annual dues to The American Legion, Attn: Membership, P.O. Box 1055, Indianapolis, IN 46206
 (check www.legion.org/join for dues amount), or take it to a local post. To locate a post near you, click on "Find a Post" at legion.org. D7910



SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION



Date _____ Detachment of _____ Squadron No. _____ Birth date _____
 Name _____ First _____ Initial _____ Last _____ Recruited by _____ 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 a deceased veteran who served honorably from _____ to _____
 (c) Relationship of applicant to veteran _____ Where? _____
 Has applicant previously been a member of the SAL? _____
 I hereby subscribe to the Constitution of the Sons of The American Legion and apply for membership.
 Email _____ Transmit \$ _____ for 20 _____ annual membership dues
 Signed by applicant (or legal guardian if under 18) _____ Eligibility certified by _____

Mail completed application to Sons of The American Legion department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current detachment address, go to The American Legion department/state headquarters, or visit legion.org. D7910



AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION



APPLICANT INFORMATION

ELIGIBILITY INFORMATION

Full Name _____ Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) _____
 Address _____ If Living: _____
 City _____ State _____ ZIP _____ American Legion Member ID # (Required) _____ Post # _____ City _____ State _____
 Home phone _____ Cell phone _____ Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)
 Email _____ Unit # and Location (if known) _____
 Date of Birth (Required) _____ Birth - 17 18 and older
 Have you been a member previously? Yes No (If yes, fill in below, if known.)
 Previous Unit City/State _____ ALA ID# _____
 Signature of Applicant (or legal guardian if under 18) _____ Date _____
 Signature of Recruiters Name _____
 Signature of Recruiters Name _____
 Signature of Recruiters Name _____

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.

Annual dues must accompany completed application. Ask local contact for amount due.
 Membership pending approval of application.
 Post Adjutant/Officer Membership Verification _____ Date _____
 ALA 05/2021

DUES RECEIPT (please print)

Date _____
 Received from _____
 \$ _____ for 20 _____ dues
 Recruiter's name _____
 Recruiter's signature _____
 Recruiter's phone # _____

DUES RECEIPT (please print)

Date _____
 Received from _____
 \$ _____ for 20 _____ dues
 Squadron No. _____
 Department of _____

DUES RECEIPT (Please Print)

Date _____
 Received From _____
 \$ _____ for 20 _____ dues
 Recruiter's Name _____
 Recruiter's Signature _____
 Recruiter's Phone # _____