JOIN THE AMERICAN LEGION FAMILY!
For nearly a century, The American Legion, American Legion Auxiliary and Sons of The American Legion have worked steadfastly, side by side, promoting patriotism and national security while supporting youth and advocating for veterans and active-duty military personnel and families.

The American Legion Family of about 3 million members also includes American Legion Riders. An American Legion Rider must be a member of The American Legion, Sons of The American Legion or American Legion Auxiliary in order to join a chapter at a local post.

While members of the American Legion Family are individually unique, collectively we are a multi-million member powerhouse of caring advocates dedicated to service. You’ll find that getting connected to the American Legion Family is one of the best decisions you’ll ever make. Please use the enclosed applications to join today.

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://legion.org)

**American Legion Auxiliary**
3450 Founders Road
Indianapolis, IN 46268
(317) 569-4500
alahq@ALAforVeterans.org
[ALAforVeterans.org](https://ALAforVeterans.org)

**Sons of The American Legion**
P.O. Box 1055
Indianapolis, IN 46206
(317) 630-1205
sal@legion.org
[legion.org/sons](https://legion.org/sons)

Follow The American Legion online:
[legion.org/facebook](https://legion.org/facebook)
[twitter.com/AmericanLegion](https://twitter.com/AmericanLegion)

This institution is an equal opportunity provider.
THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Name ____________________________ First Initial ____________________________ Last Initial ____________________________ Date of Birth ____________________________

Address ____________________________ Street ____________________________ City ____________________________ State ____________________________ ZIP ____________________________

Membership ID (if former member) ____________________________ Post # ____________________________ Phone # ____________________________ Email ____________________________

Gender Male Female

Please check war era and branch of service below:
- Global War on Terror
- Gulf War
- Panama
- Lebanon/Grenada
- Vietnam
- Korea
- WWII
- 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 www.legion.org.

SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Date ____________________________

Detachment of ____________________________ Squadron No ____________________________ Birth date ____________________________

Name ____________________________ First Initial ____________________________ Last Initial ____________________________ Recruited by ____________________________

Address ____________________________ Street ____________________________ City ____________________________ State ____________________________ ZIP ____________________________ Phone ____________________________

Veteran through whom eligibility is established ____________________________

(e) Above is a member in good standing of Post No ____________________________

Or (b) Above is a deceased veteran who served honorably from ____________________________ to ____________________________

(c) Relationship of applicant to veteran ____________________________

Has applicant previously been a member of the SAL? Yes No

I hereby subscribe to the Constitution of the Sons of The American Legion and apply for membership.

Email ____________________________

______________________________

Sign by applicant or legal guardian (if under 18)

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 www.legion.org.

AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name ____________________________

Address ____________________________

City ____________________________ State ____________________________ ZIP ____________________________

Home phone ____________________________ Cell phone ____________________________

Email ____________________________

Unit # and Location ____________________________

Date of Birth (required) / /

Have you been a member previously? Yes No

Previous Unit City/State ____________________________ ALA ID# ____________________________

ELIGIBILITY INFORMATION

Living Deceased

If Living:

American Legion Member ID # ____________________________ Post # ____________________________ City ____________________________ State ____________________________

Deceased (If veteran is deceased, contact ALA unit about the necessary military records.)

Veteran served (check all that apply):
- Global War on Terror
- Gulf War
- Panama
- Lebanon/Grenada
- Vietnam
- Korea
- WWII
- Other Conflicts

Applicant’s relationship to the veteran:
- Male Spouse
- Female Spouse
- Mother
- Grandmother
- Sister
- Self
- Direct Descendant (daughter, granddaughter)

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.

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

Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 669-4555 for assistance. Annual dues must accompany completed application. Ask local contact for amount due. Membership pending approval of application.

DUES RECEIPT

(please print)

Date ____________________________

Received from ____________________________ for dues for the year ____________________________

Recruiter’s name ____________________________ Recruiter’s signature ____________________________ Recruiter’s phone # ____________________________

DUES RECEIPT

(please print)

Date ____________________________

Received from ____________________________ for dues for the year ____________________________

Squadron No ____________________________ Recruiter’s name ____________________________ Recruiter’s phone # ____________________________