



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 nearly 2 million wartime veterans who focus activities on the organization's Four Pillars: Veterans Affairs & Rehabilitation, National Defense, Americanism, and Children & Youth. legion.org

The Sons of The American Legion: Founded in 1932, the Sons honor the service and sacrifice of Legionnaires. There are more than 372,000 members in the United States. Members include males whose parents or grandparents served in the U.S. military and were eligible for American Legion membership. legion.org/sons

The American Legion Auxiliary: The Auxiliary's membership is more than 600,000 strong. With more than 8,000 units in communities, members are fiercely dedicated to serving, helping, and meeting the needs of veterans, the military, and their families. ALAforVeterans.org

American Legion Riders: With more than 2,500 chapters, Legion Riders have helped raise more than \$14 million for the Legacy Scholarship Fund. The Riders also perform a number of services for American Legion-supported causes and provide support at military funerals. Participants must be members of The American Legion, Auxiliary or Sons. legion.org/riders



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



AMERICAN LEGION AUXILIARY

3450 Founders Road
Indianapolis, IN 46268
(317) 569-4500
alahq@ALAforVeterans.org
ALAforVeterans.org



SONS OF THE AMERICAN LEGION

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

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This institution is an equal opportunity provider.



THE AMERICAN LEGION FAMILY

Join the American Legion Family



THE AMERICAN LEGION – MEMBERSHIP APPLICATION



Name _____	First _____	Initial _____	Last _____	Date of Birth _____
Address _____	Street _____	City _____	State _____	Zip _____
Membership ID# former member _____	Post # _____	Phone # _____	Email _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender _____

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
- U.S. Space Force
- 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 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 _____
Address _____	Street _____	City _____	State _____ Zip _____ Phone _____
Veteran through whom eligibility is established _____	Department of _____	Date _____	
(a) Above is a member in good standing of Post No. _____	to _____	Received from _____	
(b) Above is a deceased veteran who served honorably from _____		\$ _____ for 20 _____ dues	
(c) Relationship of applicant to veteran _____		Squadron No. _____	
Has applicant previously been a member of the SAL? _____	Where? _____	Department of _____	
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 www.legion.org.			

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AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION



APPLICANT INFORMATION		ELIGIBILITY INFORMATION	
Full Name _____		<input type="checkbox"/> Living <input type="checkbox"/> Deceased	
Address _____		If living: American Legion Member ID # _____	
City _____		Post # _____ City _____ State _____	
Home phone _____		Veteran served: (check all that apply) <input type="checkbox"/> WW II (4/6/1917-1/1/1918) <input type="checkbox"/> Anytime After 1/27/1941 (check all that apply): <input type="checkbox"/> Deceased if veteran is deceased, contact ALA unit about the necessary military records)	
Email _____ / _____ / _____ Date of Birth (Required) _____		<input type="checkbox"/> Lebanon/Grenada <input type="checkbox"/> Gulf War <input type="checkbox"/> Panama <input type="checkbox"/> Korea <input type="checkbox"/> Vietnam <input type="checkbox"/> Other Conflicts	
Have you been a member previously? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, fill in below, if known.)		Applicant's relationship to the veteran: <input type="checkbox"/> Female Spouse <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Direct Descendant (daughter, granddaughter) <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Self	
Previous Unit City/State _____		ALA ID# _____	
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) 569-4500 for assistance.			
Annual dues must accompany completed application. Ask local contact for amount due.			
Membership pending approval of application.			

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.

Recruiter's signature _____ Recruiter's phone # _____

Date _____ / _____ / _____

Post Adjutant/Officer Membership Verification _____

Date _____ / _____ / _____