



# American Legion Auxiliary

## American Legion Post 21, Moorhead Mn



### Applicant Information

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

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Birth - 17  18 and over \_\_\_\_\_ Unit # \_\_\_\_\_ Location \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

### Eligibility Information

Eligible Through-Name of Veteran (if living, must be Legion member) \_\_\_\_\_ American Legion Member ID Number \_\_\_\_\_  Living  Deceased

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

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

WWI (4/6/17-11/11/18)  WWII (12/7/41-12/31/46)  Merchant Marines (12/7/41-12/31/46)

Korea (6/25/50-1/31/55)  Vietnam (2/28/61-5/7/75)  Lebanon/Grenada (8/24/82-7/31/84)

Panama (12/20/89-1/31/90)  Gulf War/War on Terrorism (8/2/90 to today)

**Applicant's relationship to the Veteran:** (Step relatives are eligible)

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 \_\_\_\_\_

For Veteran's DD214 Discharge Papers: <http://www.archives.gov/veterans/military-service-records>

### Help us get you connected!

**i am interested in learning more about:**

Paid-Up-For-Life Membership  Scholarships  Fundraising

Volunteering for Veterans  Community Service  Member Discounts and Services

Education Activities  Auxiliary Emergency Fund  Activities to Support Active Duty Military and Families

Youth Activities  Local Unit Activities  Other \_\_\_\_\_

Recruiter's Name \_\_\_\_\_ Unit/Post # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Please contact the following individual(s) about volunteering or joining the American Legion Auxiliary:

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mail completed application with \$25.00 membership dues to:

**American Legion Post 21**  
**Attn: Ladies Auxiliary**  
**Po Box 442**  
**Moorhead MN 56561-0442**