

**AMERICAN LEGION AUXILIARY UNIT  
1837 SUTTON AVENUE  
CINCINNATI, OHIO 45230**

**AMERICAN LEGION AUXILIARY APPLICATION FOR MEMBERSHIP**

Please type or print:

Mrs/Miss/Ms \_\_\_\_\_ Senior (Over 18)  
(Applicant's Full Name) (Birthdate)

\_\_\_\_\_  
(Mailing Address) (Work/Home Phone)

\_\_\_\_\_  
(City State zip) (Unit Number/Location)

I am eligible for membership through the military service of \_\_\_\_\_  
(Full Name)

Living  deceased

He/she is member of: \_\_\_\_\_  
(American Legion Post) (post #) (City & State)

Living  Deceased

Living or Deceased, served in

- WWI (4/6/17-11/11/18)
- WWII (12/7/41-12/31/46)
- Korea (6/25/50-1/31/55)
- Vietnam (2/28/61-5/7/75)
- Panama (12/20/89-1/31/90)
- Grenada/Lebanon (8/24/82-7/31/84)
- Panama
- Persian Gulf War (8/2/90 until cessation of hostilities)

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged.

Applicant's Relationship to the Veteran

- Mother
  - Wife
  - Sister
  - Daughter
  - Granddaughter
  - Great-Granddaughter
  - Sister
  - Grandmother
  - Self
- (Step-relatives are eligible)

\_\_\_\_\_  
(Signature of Applicant) (Date) (Post Officer Membership Verification or Unit Sec'y)  
Verification for female veterans only