



THE AMERICAN LEGION - MEMBERSHIP APPLICATION

Name _____ (First) _____ (Initial) _____ (Last) _____ (Phone)

Address _____ (Street) _____ (City) _____ (State) _____ (Zip)

(Membership ID# Former Member) (Email) (Post #) (Date)

Please check appropriate eligibility dates and branch of service below:

- 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)
- Lebanon/Grenada (8/24/82 - 7/31/84)
- Panama (12/20/89 - 1/31/90)
- Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)
- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marines
- U.S. Coast Guard
- Merchant Marines (12/7/41 - 12/31/46 - Only Eligibility)

I certify that I served at least one day of active military duty during the dates marked above and was honorably discharged or am still serving honorably.

Signed by Applicant _____ Name of Recruiter _____

Mail completed application to The American Legion Department of West Virginia. Annual dues must accompany completed application. Ask local contact for amount due. Address: P.O. Box 3191, Charleston, West Virginia 25332. 888-534-4667.



DUES RECEIPT (Please Print)

Date

Received From

\$ _____ for 20 _____ Dues

Recruiter's Name

Recruiter's Signature

Recruiter's Phone#



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 _____

Has Applicant previously been a member of the SAL? _____ Where? _____

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

Email Address _____ Transmit \$ _____ for 20 _____ annual membership dues

Signed By Applicant (or Parent) _____ Eligibility certified by _____

Mail completed application to The Sons of American Legion department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. Address: P.O. Box 3191, Charleston, West Virginia 25332. 888-534-4667.



DUES RECEIPT (Please Print)

Date

Received From

\$ _____ for 20 _____ Dues

Squadron No.

Department of



AMERICAN LEGION AUXILIARY - MEMBERSHIP APPLICATION

APPLICANT INFORMATION

NAME _____ (First) _____ (M.I.) _____ (Last)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Unit # and Location _____

Date of Birth (Required) Birth-17 18 and over

Have you been a member previously? Yes No

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

Mail completed application to 1251 Doolin Run Road, New Martinsville, WV 26155.
Annual dues must accompany completed application. Ask local contact for amount due.
For current department address go to: www.AL4forVeterans.org/contact/state_headquarters.
Dues include a yearly non-refundable allocation of \$3.40 for American Legion Auxiliary magazine.
Membership pending approval of application.

Mail completed application to The American Legion Auxiliary department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. Address: P.O. Box 3191, Charleston, West Virginia 25332. 888-534-4667.

ELIGIBILITY INFORMATION

 Living Deceased
Eligible Through-Name of Veteran (if living, must be American Legion member)

American Legion Member ID Number _____

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 until cessation of hostilities)

Applicant's Relationship to Veteran

- 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 _____



DUES RECEIPT (Please Print)

Date

Received From

\$ _____ for 20 _____ Dues

Recruiter's Name

Recruiter's Signature

Recruiter's Phone#