



# AMERICAN LEGION AUXILIARY

Congratulations, you have chosen to seek membership in the country's largest women's patriotic organization. Thank you also for choosing Walter S.Ebersole Unit 185.

## ALL APPLICANTS, NEW OR TRANSFERS MUST HAVE A COPY OF THE DD214 OF THE SPONSORING VETERAN

### ELIGIBILITY FOR MEMBERSHIP IN THE AMERICAN LEGION AUXILIARY

Membership in the American Legion Auxiliary shall be limited to the mothers, wives, daughters, sisters, granddaughters, great-granddaughters and grandmothers of men or women who have served in the Armed Forces during the eligibility dates listed below. This eligibility includes step-relatives.

All women who are eligible for membership in the Auxiliary will fall into one of the following categories:

1. Your relative, if living, must currently be a member of The American Legion. You will need the Post name and number where your relative is a member.
2. Your relative must have served in the Armed forces of the United States during any of eligibility periods listed below. Including those who have died in the line of duty during service, or who, having received an honorable discharge, died after such service. You will need to attach a DD2-14/SF180 (Discharge Documentation) and/or other proof of eligibility to your application.
3. Membership is also available if your relative was a citizen of the United States at the time of his war service and served in the Armed Forces of any of the governments who were allies of the United States. If alive, they must belong to The American Legion. If deceased, the service record must be obtained from the War Department of the country where the veteran served.
4. Membership is also available to women who of their own right are eligible to membership in The American Legion. You will need to attach a DD2-14 (Discharge Documentation) with your application.
5. There are two classes of membership - Senior and Junior. Junior members are those under the age of 18 years. Junior dues are \$2.00; Senior dues are \$15.00. Membership fees must be paid at the time your application is submitted. Please make checks payable to *ALA Unit 185*.

### Eligibility Periods:

April 6, 1917 to November 11, 1918 (*WWI*)  
December 7, 1941 to December 31, 1946 (*WWII*)  
June 25, 1950, January 31, 1955 (*Korean War*)  
February 28, 1961 to May 7, 1975 (*Vietnam War*)  
August 24, 1982 to July 31, 1984 (*Lebanon/Grenada*)  
December 20, 1989 to January 31, 1990 (*Panama*)  
August 2, 1990 to date of cessation (*Persian Gulf*)

General Information and forms for requesting a veteran's service record can be obtained by calling the National Personnel Records Center at 314-801-0800 or online at [www.nara.gov](http://www.nara.gov).

### TRANSFERS

If you are seeking a transfer to Unit 185 please fill out a *Member Data sheet* and make a copy of your current membership card and include it with your application.

For your convenience, "Standard Form 180"s are located behind the bar of our Post. Thank you again for your interest in our Auxiliary. I look forward to meeting with you.

Yours in service,

Debbie Adams-- ALA Membership Chairman



# American Legion Auxiliary - APPLICATION FOR MEMBERSHIP

Please print in black ink only.

## Applicant Information

## Eligibility Information

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

Address

City State Zip

Phone (Work) (Home)

E-mail address Date of Birth  
 Senior (over 18)  
 Junior (birth - 18)

Unit Number & Location

Signature of Applicant (or legal guardian if Junior member) Date

Name of Veteran Eligible Through

American Legion Post Post # City State

Legion Member ID Number Veteran:  Living  Deceased

**Veteran served in:**  
 WWI (4/6/17-11/11/18)  WWII (12/7/41-12/31/46)  
 Merchant Marines (12/7/41-8/15/45 Only)  Korea (6/25/50-1/31/55)  
 Vietnam (2/28/61-5/7/75)  Grenada/Lebanon (8/24/82-7/31/84)  
 Panama (12/20/89-1/31/90)  Persian Gulf War (8/2/90 until cessation of hostilities as determined by the US Government)

**Applicant's Relationship to the Veteran:** (Step relatives are eligible)  
 Mother  Daughter  Granddaughter  Grandmother  
 Wife  Sister  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 Officer Membership Verification Date  
 Or Unit Secretary's Verification for Female Veterans Only



## Thank you for Supporting the American Legion Auxiliary!

### I am interested in learning more about the following:

- Paid-Up-For-Life Membership (VIM)
- Volunteering at a VA Medical Center
- Participating in Education Activities
- Working with Young People
- Scholarships
- Community Volunteerism / Assistance
- Auxiliary Emergency Fund
- Helping with Unit Activities
- Fundraising
- Member Benefits
- Other \_\_\_\_\_

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

The following individual(s) might also be interested in joining or volunteering.

**Please contact:** \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_