



AMERICAN LEGION AUXILIARY APPLICATION FOR MEMBERSHIP

/ / SENIOR (OVER 18) JUNIOR

APPLICANT'S FULL NAME _____ BIRTH DATE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

() () **UNIT 291 NEWPORT BEACH, CA**

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

I am eligible for membership through the military service of:

DECEASED _____ FULL NAME
 LIVING: He / She is a member of _____
AMERICAN LEGION POST NAME POST # CITY STATE/ZIP

The veteran, living or deceased, served in:

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

Applicant's Relationship to Veteran (Step-relatives are eligible)

- Mother
- Wife
- Sister
- Daughter
- Granddaughter
- Great-Granddaughter
- Grandmother
- Self

If eligible through a LIVING veteran, PROOF OF MEMBERSHIP IN THE AMERICAN LEGION IS REQUIRED.
If eligible through a DECEASED veteran, PROOF OF MILITARY SERVICE AND DEATH CERTIFICATE IS REQUIRED.

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

DATE _____ SIGNATURE OF APPLICANT _____ / _____ DATE _____ POST OFFICER MEMBERSHIP VERIFICATION _____

I am interested in learning more about the following:

- Volunteering at the VA Medical Center
- Participating in Educational Activities
- Helping with Unit Activities
- Fund-Raising Projects
- Working with Young People
- Community Volunteerism/Activities

The following individual(s) may also be interested in helping. Please contact:

() / ()
NAME PHONE NAME PHONE

Please check the Member Benefits you would like more information about:

- Paid-Up-For-Life Membership
- Displaced Homemakers Fund
- Moving Discounts
- Mednet Prescription Plan
- Auxiliary Emergency Fund
- Supplemental Insurance
- Car Rental
- Eye Care Plan
- Scholarships/Continuing Education
- Credit Card
- Other: _____

UNIT 291 NEWPORT BEACH, CA

RECRUITER'S NAME _____

SENIOR MEMBERSHIP (18 Years and Over): \$65.00
(\$5.00 One time Initiation Fee, \$60.00 Annual Dues)

JUNIOR MEMBERSHIP (Birth to 18 Years): \$5.00
(\$5.00 Annual Dues)

Sea Breeze Newsletter Information (Check One):

- I will go to the American Legion website and get my own copy (www.AL291.com)
- I need a Sea Breeze mailed to me because I do not have internet access

For Office Use Only: Dues Paid: \$ _____ Payment: Check Check No. _____ Cash
Check Date _____