



The American Legion Ladies Auxiliary
Membership Application
 N.A. Blanchard Post 1040
 Delmar, New York



Please print legibly

Date: _____

Name: _____
First M.I. Last

Address: _____
Street City State Zip Code

E-mail Address: _____
Unit # and Location

Telephone: _____ Birth Date: _____
Home Phone Cell Phone

Eligible through (**Name of Veteran**): _____ Living Deceased

Veteran is a member in good standing of Post No. _____, _____
OR City State

Veteran is deceased and served honorably from:

- | | |
|--|--|
| <input type="checkbox"/> WWI (4/6/17-11/11/18) | <input type="checkbox"/> WWII (12/7/41-12/31/46) |
| <input type="checkbox"/> Merchant Marines (12/7/41-12/31/46) | <input type="checkbox"/> Korea (6/25/50-1/31/55) |
| <input type="checkbox"/> Vietnam (2/28/61-5/7/75) | <input type="checkbox"/> Lebanon/Grenada (8/24/82-7/31/84) |
| <input type="checkbox"/> Panama (12/20/89-1/31/90) | <input type="checkbox"/> Gulf War/War on Terrorism (8/29/90-present) |

Relationship of Applicant to **Veteran** listed above:

- | | | | |
|--------------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Wife | <input type="checkbox"/> Daughter | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Granddaughter | <input type="checkbox"/> Great-Granddaughter | <input type="checkbox"/> 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 service honorably.

Signed: _____
Membership certified by

MEMBERSHIP APPLICATION RECEIPT – THE AMERICAN LEGION LADIES AUXILIARY



Date: _____

Applicant Name: _____ has submitted an application and \$25.00 dues.

Received by: _____

Recruiter: _____
Printed Name Recruiter's Phone Number

Recruiter Signature: _____
Membership meetings are held on the first Tuesday of each month.