

AMERICAN LEGION AUXILIARY
Department of Florida, District 5
PALM VALLEY UNIT #233
Electronic online membership application
(Print this page, complete and return)



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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Paid-Up-For-Life Membership (VIM) | <input type="checkbox"/> Scholarships | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Volunteering at a VA Medical Center | <input type="checkbox"/> Community Volunteerism / Assistance | <input type="checkbox"/> Member Benefits |
| <input type="checkbox"/> Participating in Education Activities | <input type="checkbox"/> Auxiliary Emergency Fund | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Working with Young People | <input type="checkbox"/> Helping with Unit Activities | |

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

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

Please contact: _____ Phone # _____
 _____ Phone # _____
 _____ Phone # _____

181-001 Rev. 11/06

RETURN TO:

In person:

560 N. Wilderness Trail
 Ponte Vedra Beach, FL 32082

By mail:

American Legion Post #233
 Attn: ALA Membership
 P.O. Box 2494
 Ponte Vedra, FL 32004