



# 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)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

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 \_\_\_\_\_

**Return the completed application to: American Legion Oxnard Post 48, 2081 N. Oxnard Blvd #225 Oxnard, CA 93036-2964**  
**Annual dues of \$45 must accompany the application.**  
**Please make checks payable to: American Legion Oxnard Post 48**

**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 \_\_\_\_\_

**Return the completed application to: American Legion, Oxnard Post 48, 2081 N. Oxnard Blvd #225 Oxnard, CA 93036-2964.**  
**Your Annual dues of \$22.00 must accompany the application.**  
**Please make checks payable to: Sons of the American Legion Squadron 48**

**DUES RECEIPT**  
*(Please Print)*

\_\_\_\_\_ Date

\_\_\_\_\_ Received From

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues

\_\_\_\_\_ Squadron No.

\_\_\_\_\_ Department of



# AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION



## APPLICANT INFORMATION

## ELIGIBILITY INFORMATION

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Unit # and Location \_\_\_\_\_

\_\_\_\_\_ Birth - 17  18 and over

Date of Birth (Required)

Have you been a member before?  Yes  No

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

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

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 the 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 \_\_\_\_\_

**Return the completed application to: American Legion Auxiliary,**  
**3501 Citrus Street, Oxnard, CA 93036.**  
**Your Annual dues of \$25.00 must accompany the application.**  
**Please make checks payable to: American Legion Auxiliary, Unit 48**

**DUES RECEIPT**  
*(Please Print)*

\_\_\_\_\_ Date

\_\_\_\_\_ Received From

\$ \_\_\_\_\_ for 20 \_\_\_\_\_ Dues

\_\_\_\_\_ Recruiter's Name

\_\_\_\_\_ Recruiter's Signature

\_\_\_\_\_ Recruiter's Phone #