

The American Legion Auxiliary Membership Application



Name		Date
Address	City	State
Zip Code 620	Date of Birth (Required) Hugo, Minnesota	Home Phone
Unit	Location	Cell Phone
Email Address		<input type="checkbox"/> Previous Auxiliary Member

ELIGIBILITY INFORMATION

Eligible Through - Name of Veteran (if living must be a legion member)	
American Legion Member ID	<input type="checkbox"/> Living <input type="checkbox"/> Deceased

Veterans American Legion Post Name	Number	City and State
------------------------------------	--------	----------------

<p style="text-align: center;">Veteran Served: (check all that apply)</p> <input type="checkbox"/> WWII 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/Granada 8/24/82 - 7/31/84 <input type="checkbox"/> Panama 12/20/89 - 1/31/90 <input type="checkbox"/> Gulf War 8/2/90 - 9/10/2001 <input type="checkbox"/> War on Terror 9/11/2001 to Present <input type="checkbox"/> Merchant Marines 12/7/41 - 12/31/46	<p style="text-align: center;">Relationship to the veteran</p> <input type="checkbox"/> Mother <input type="checkbox"/> Wife <input type="checkbox"/> Grandmother <input type="checkbox"/> Sister <input type="checkbox"/> Self <input type="checkbox"/> Direct Descendant <input type="checkbox"/> (daughter, granddaughter etc)
--	---

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

Signature of Applicant

If you are paying your dues by check make payable to: American Legion Auxiliary

Send your completed application and dues payment to:

American Legion Post 620  
 5383 140th Street N  
 Hugo, MN 55038  
 Attention: Membership

Or you can drop them off at the post. Place your application and dues in the black mailbox located between the offices