

AMERICAN LEGION AUXILIARY APPLICATION FOR MEMBERSHIP

			1	1	SENIOR (OVER	18) 🗌 JUNIOR
APPLICANT'S FULL	. NAME	Δ	APPLICANT'S BIF	RTH DATE		
MAILING ADDRESS				CITY	STATE	ZIP
() HOME PHONE		(CELL PHONE	_) :		UNIT 291 NEW	PORT BEACH, CA
E-MAIL ADDRESS:	Notice of an accepted applic	ation will be sent via e	mail approximatel	y one week bef	ore the general meeting.	
I am eligible for	membership through	the military serv	vice of:		FULL NAME OF VETER	RAN
☐ He / She is a	member of American	Legion Post 291	1			
The living vetera	an, served in				Applicant's Relation	onship to Veteran
☐ WWI (4/6/17-1	· ·	☐ WWII (12/7/41	1-12/31/46)			Grandmother
☐ Korea (6/25/50	,	☐ Vietnam (2/18	•			Granddaughter
•	non (8/24/82-7/31/84)	,	•			Brother
☐ Persian Gulf W	Var (1990-present)	☐ Other (cold wa	ar included)		☐ Daughter ☐	Self
Branch of Milita	ry Service:					
•	18 Years and Over)	•			e, \$150.00 Annual Du time Initiation fee, \$10	,
Must fill oMust be eMust provMust PRO	C REQUIRED TO E out this application ligible through a No vide a copy of their OVE Kinship (Birth O vide cash or check	in full. (Please i ewport Harbor I current POST 2 Certificate, Mari	read carefull POST 291 Le 291 Legion M riage Licens	y, incomplegionnaire Iembershipe, Etc.)	ete applications will o Card	be returned)
I certify that the abo	ove named individual serve	ed at least one day of	f active duty duri	ng the dates m	arked above and was honor	rably discharged.
	SIGNATURE OF APPLICA	.NT	DATE	LEGION (OFFICER MEMBERSHIP VER	RIFICATION

ALL APPROVED APPLICANTS WILL BE NOTIFIED VIA EMAIL
WHEN TO ATTEND A MEETING TO BE VOTED ON AND SWORN IN