Are you a Veteran, a Son, Wife or Daughter of a Veteran?

If you are then we would like to talk to you?

Did you know that you could be eligible to be a member in a Post in the State of Illinois in any of the 803 Post? located in a City / Town near you? Did you know that if your Grandfather, Father, Grandmother, Mother, Husband or Wife was in the military you can be a part of the Largest Organization in the World?

No matter where you go just show your card at any American Legion post and see how well you are welcomed.


American Legion Eligibility Dates

If you are currently on active duty, serving the United States honorably, anywhere in the world, or have served honorably during any of the following eligible war eras, we invite you to become a member of The American Legion.

- Dec. 7, 1941 to Dec. 31, 1946 (World War II)
- June 25, 1950 to Jan. 31, 1955 (Korean War)
- Feb. 28, 1961 to May 7, 1975 (Vietnam War)
- Aug. 24, 1982 to July 31, 1984 (Lebanon / Grenada)
- Dec. 20, 1989 to Jan. 31, 1990 (Panama)
- Aug. 2, 1990 to today (Gulf War / War On Terrorism)
- Dec. 7, 1941 to Aug. 15, 1945 (Only) (Merchant Marines)
THE AMERICAN LEGION – MEMBERSHIP APPLICATION

Name          (First)          (Middle)          (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 (6/25/50-12/31/53)
- U.S. Marines (2/28/81-5/7/75)
- United States Coast Guard (3/29/38-12/31/46)
- Merchant Marines (12/7/41-12/31/46 – Only Eligibility)
- Gulf War/Vietnam (8/2/90 until cessation of hostilities)

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: ___________________________

Mail completed application to The American Legion National Headquarters, Attn: Internal Affairs. Annual dues must accompany completed application. Ask local contact for amount due. For current Department address go to: www.legion.org.

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)          (Middle)          (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 Veteran to Applicant ________ Where? ________

Has Applicant previously been a member of the SAL? ________ Yes ________ No ________

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 ___________________________

Mail completed application to Sons of the American Legion department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current detachment address go to “The American Legion Department/state headquarters, or www.legion.org.”

DUES RECEIPT
( Please Print)

Date

Received From

$ ___________ for 20 _____ Dues

Squadron No.

Department of ________

AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name          (First)          (Middle)          (Last)

Address

City          State          Zip

Home Phone          Cell Phone

Email Address: ___________________________ Unit # and Location ________/ ________

Date of Birth (Required)

Have you been a member before? ________ Yes ________ No ________

Signature of Applicant (or legal guardian if under 18) ___________________________ Date ________

Mail completed application to American Legion Auxiliary Department/state headquarters. Annual dues must accompany completed application. Ask local contact for amount due. For current Department address go to: www.ALAforsVeterns.org/contacts/state_headquarters

Dues include a yearly non-refundable allocation of $3.40 for American Legion Auxiliary Magazine. Membership pending approval of application.

ELIGIBILITY INFORMATION

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

American Legion Member ID Number

Veteran Served: (check all that apply)

- WWI (4/6/17-11/11/18)
- WWII (12/7/41-12/31/46)
- Korea (6/25/50-12/31/53)
- Vietnam (2/28/61-5/17/75)
- Lebanon/Grenada (6/24/82-7/31/84)
- Panama (7/20/89-12/31/90)
- Gulf War/Vietnam (8/2/90 until cessation of hostilities)

Applicant’s Relationship to the Veteran: (Step-relatives are eligible)

Mother        Wife        Daughter        Sister

Grandmother        Granddaughter        Great Grandmother        Great Granddaughter

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/Office Membership Verification ___________________________ Date ________