



# THE AMERICAN LEGION – MEMBERSHIP APPLICATION



## DUES RECEIPT (Please Print)

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:

- |  |   |
|--|---|
| <input type="checkbox"/> WWI (4/6/17-11/11/18)   | <input type="checkbox"/> U.S. Army  |
| <input type="checkbox"/> WWII (12/7/41-12/31/46)   | <input type="checkbox"/> U.S. Navy  |
| <input type="checkbox"/> Korea (6/25/50-1/31/55)   | <input type="checkbox"/> U.S. Air Force   |
| <input type="checkbox"/> Vietnam (2/28/61-5/7/75)  | <input type="checkbox"/> U.S. Marines   |
| <input type="checkbox"/> Lebanon/Grenada (8/24/82-7/31/84)                                 | <input type="checkbox"/> U.S. Coast Guard                                       |
| <input type="checkbox"/> Panama (12/20/89-1/31/90)   | <input type="checkbox"/> Merchant Marines (12/7/41-12/31/46 - Only Eligibility) |
| <input type="checkbox"/> Gulf War/War on Terrorism (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 \_\_\_\_\_

Bring your completed application(s) to the South Omaha Post 331 4830 S 21st St Omaha, NE 68107

\_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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

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



# SONS OF THE AMERICAN LEGION – MEMBERSHIP APPLICATION



## DUES RECEIPT (Please Print)

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 and apply for membership.

Email Address \_\_\_\_\_ Transmit \$ \_\_\_\_\_ for 20 \_\_\_\_\_ annual membership dues

Signed By Applicant (or Parent) \_\_\_\_\_ Eligibility certified by \_\_\_\_\_

Bring your completed application to the South Omaha Post 331 4830 S 21st St Omaha, NE 68107

\_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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



# AMERICAN LEGION AUXILIARY – MEMBERSHIP APPLICATION



## DUES RECEIPT (Please Print)

### APPLICANT 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 previously? ☐ Yes ☐ No

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Bring your completed application to:  
South Omaha Post 331  
4830 S 21st St  
Omaha, NE 68107

### ELIGIBILITY INFORMATION

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)**

<input type="checkbox"/> WWI (4/6/17-11/11/18)	<input type="checkbox"/> WWII (12/7/41-12/31/46)
<input type="checkbox"/> Merchant Marines (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/Grenada (8/24/82-7/31/84)
<input type="checkbox"/> Panama (12/20/89-1/31/90)	<input type="checkbox"/> Gulf War/War on Terrorism (8/2/90 until cessation of hostilities)

**Applicant's relationship to the veteran:**

<input type="checkbox"/> Mother	<input type="checkbox"/> Wife	<input type="checkbox"/> Daughter	<input type="checkbox"/> Sister
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Granddaughter	<input type="checkbox"/> Great-granddaughter	<input type="checkbox"/> 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 \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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

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