

Austin L. Grove Post 403 American Legion Auxiliary

4035 Manchester Street

Glen Rock, PA 17327

To join the American Legion Auxiliary, a person needs to have a military person in their direct family; such as brother, sister, parent, child grandparent, great-grandparent PLUS their military time should fit into the time frame as per American Legion guidelines. The below application can be filled out and sent to our membership chairperson, Sharon Krout at 1415 Church Street, Glen Rock, PA 17327. Please include a check payable to the Auxiliary for \$18.00, the first year's dues.

Memberships are voted on at our monthly meetings at the post. They are the third Tuesday at 7pm from September thru June. The meeting is open to all Auxiliary members.

AMERICAN LEGION AUXILIARY APPLICATION FOR MEMBERSHIP

Please type or print:

Mrs/Miss/Ms _____ (Applicant's Full Name) _____ (Birth Date) Senior (Over 18)
 Junior
 _____ (Mailing Address) _____ (Work/Home Phone)
 _____ (City) _____ (State) _____ (Zip) _____ (Unit Number/Location)

I am eligible for membership through the military service of _____ (Full Name)

Living Deceased He/she is a member of: _____ (American Legion Post) _____ (Post #) _____ (City) _____ (State/Zip)

The veteran, living or deceased, served in: WWI (4/6/17-11/11/18) WWII (12/7/41-12/31/46) Korea (6/25/50-1/31/55) Vietnam (12/22/61-5/7/76) Grenada/Lebanon (8/24/82-7/31/84) Panama (12/20/89-1/31/90) Persian Gulf War (8/2/90 until cessation of hostilities)

Applicant's Relationship to the Veteran:
 Mother Wife Sister Daughter Granddaughter Great-Granddaughter Grandmother Self (Step-relatives are eligible)

I certify that the above named individual served at least one day of active duty during the dates marked above and was honorably discharged.

 (Signature of Applicant) _____ (Date) _____ (Post Officer Membership Verification or Unit Sec'y Verification for Female Veterans Only) _____ (Date)

For Mail-In Applicants Only:
 Dues Paid: \$ _____ Payment: Check MO MC Visa Account No: _____ Exp. Date: _____
 Signature: _____ Date: _____

I am interested in learning more about the following:
 Volunteering at a VA Medical Center Helping with Unit Activities Working with Young People
 Participating in Educational Activities Fund-Raising Projects Community Volunteerism/Assistance

Check the member benefits on which you would like more information:
 Paid-Up-For-Life Membership Auxiliary Emergency Fund Car Rental
 Displaced Homemakers Fund Supplemental Insurance Scholarships/Continuing Education
 Moving Discounts Eye Care Plan Credit Card
 Mednet Prescription Plan Other: _____

 Recruiter's Name _____ (Unit/Post #) _____ (City) _____ (State)

The following individual(s) might also be interested in helping. Please contact: _____

