

## American Legion Auxiliar{ APPLICATION FOR MEMBERSHIP

Sweeney Post #2

Applicant Information				
Name(First)	(MI)	(Last)		
Address	(	City S	tate Zip	
Work Phone Home/Cell Pho	one	E-mail		
Unit Number: 2 Location: Manchester, NH	er: 2 Location: Manchester, NH		☐ Senior (over 18) ☐ Junior (birth - 18) Date of Birth// (Birth date required for Junior members)	
Signature of Applicant (or legal guardian if Junior member)			Date	
Eli	gibility Inforn	nation		
Name of Veteran Eligible Through		Legion Member ID Number		
American Legion Post	Post #	City	State	
Veteran: Living Deceased				
Applicant's Relationship to the Veteran: (Step relationship)   Mother Wife   Daughter Sister   I certify that the above named individual served at least discharged or is still serving honorably.   Signature: Post Officer Membership Verification (Or United Structure)	Granddaughter	duty during the dates marked	above and was honorably	
For Veteran's DD214 Discharge Papers: http://w	www.archives.gov	/veterans/military-service-reco	ords/dd-214.html	
Recruited By: Ur	nit/Post #	City	State	
The following individual(s) might also be interested in joining	ng or volunteering.			
Please contact:		Phone #		
		Phone #		
Mail Completed Application	ons to <co g<="" td=""><td>t lec p'Ngi kqp'Uy gg</td><td>pg{</td></co>	t lec p'Ngi kqp'Uy gg	pg{	
51 Maple S	ixiliary Membersh Street or, NH 03103	ip		

(603) 623-9145