



American Legion Auxiliary APPLICATION FOR MEMBERSHIP

Sweeney Post

Applicant Information

Name _____

(First)

(MI)

Address _____ City _____ State _____ Zip _____

(Last)

Work Phone _____ Home/Cell Phone _____ E-mail _____

Unit Number: 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 _____

Eligibility Information

Name of Veteran Eligible Through _____ Legion Member ID Number _____

American Legion Post _____ Post # _____ City _____ State _____

Veteran: Living Deceased

Veteran served in:

WWI (4/6/17-11/11/18)

WWII (12/7/41-12/31/4

Merchant Marines (12/7/41-8/15/45 Only)

Korea (6/25/50-1/31/55)

Vietnam (2/28/61-5/7/75)

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 as determined by the US Government)

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

Mother Wife Daughter Sister Granddaughter Great-Granddaughter Grandmother 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.

Signature: _____ Date _____

Post Officer Membership Verification (Or Unit Secretary's Verification for Female Veterans Only)

For Veteran's DD214 Discharge Papers: <http://www.archives.gov/veterans/military-service-records/dd-214.html>

Recruited By: _____ Unit/Post # _____ City _____ State _____

The following individual(s) might also be interested in joining or volunteering.

Please contact: _____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Mail Completed Applications to: Co gtlcep'Ngi kqp'Uy ggpg{ 'Rqu'04

ATTN: Auxiliary Membership
251 Maple Street
Manchester, NH 03103

(603) 623-9145