



Looking for a way to support our Veterans and Community?
Join the **American Legion Auxiliary** and our patriotic team!

To be eligible to join the Auxiliary you must be a spouse, daughter, granddaughter, mother, grandmother, or sister of a living or deceased Veteran. Membership dues are \$40 a year for seniors (over 18) and \$20 a year for juniors that are from birth to 18 years old. Eligibility requirements are that your Veteran is living must be a member of an American Legion Post anywhere in the country. If your eligible Veteran is deceased, you would need to prove that he served during his lifetime with either a DD214 or military id card.

The Auxiliary supports Post 29 and our Veterans in any way possible. We sponsor a Scholarship program for our juniors and provide a week at Girls State in June also. We partner with local schools to assist with school supplies and other needs they may have. Business leaders speak at our meetings. Members volunteer at the Cobb's VA Clinic and Atlanta's VA Hospital. We cook, serve, decorate, and plan social events for all to enjoy.

WHY JOIN?

- If you are a responsible citizen, value patriotism, volunteerism and advocacy for Veterans, the military and their families, you will feel right at home in the American Legion Auxiliary.
- As a member of Unit 29, you will have a ready-made support system and many hands-on opportunities to serve in way that will truly make a difference.

WE NEED YOU! Application is below for your convenience. If you would like a tour of our Post or have questions, please email me at Bernadette.larocque@post29marietta.org and I would be glad to assist you.





American Legion Auxiliary MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name _____ (First) _____ (M.I.) _____ (Last)

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Email Address _____

/ / Birth - 17 18 and over

Date of Birth (Required) _____ Unit # _____ Location _____

Have you been a member previously? Yes No (If yes, fill in below.)

Previous Unit City/State _____ ALA ID# (if known) _____

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

ELIGIBILITY INFORMATION

Eligible Through—Name of Veteran (Female Veterans: List Your Own Name) _____

If Living: American Legion Member ID # _____ Post # _____ City _____ State _____

Deceased—If veteran is deceased, contact ALA unit about the necessary military records.
For Veteran's DD214 Discharge Papers: www.archives.gov/veterans/military-service-records

Veteran Served:

WWI (4/6/1917-11/11/1918)

Anytime After 12/7/1941 (check all that apply):

Global War on Terror Panama Vietnam WWII

Gulf War Lebanon/Grenada Korea Other Conflicts

Applicant's Relationship to the Veteran:

Male Spouse Female Spouse Mother Grandmother Sister Self

Direct Female Descendant (daughter, granddaughter, great-granddaughter, etc.)

To Be Completed By The American Legion Post Adjutant/Officer

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 _____

HELP US GET YOU CONNECTED!

I am interested in learning more about:

Volunteering for Veterans, Military, and Their Families

Youth Activities, Including ALA Girls State, Junior Member Programs, and Scholarships

Member Discounts and Services

Other

Please contact the following individual about volunteering or joining the American Legion Auxiliary:

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

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