

American Legion Auxiliary Application

Welcome to the Post 435 Gun Club! In order to join the Gun Club, you must also be a Member of American Legion Post 435. Applicants understand that they may be asked by Post 435 to demonstrate proof of eligibility at any time after submitting their application. New Members must be eligible to join and must complete and sign the form below.

American Legion Auxiliary Eligibility

- The mothers, wives, daughters, sisters, granddaughters, great-granddaughters and grandmothers of members of The American Legion.
- The mothers, wives, daughters, sisters, granddaughters, great-granddaughters and grandmothers of those who served in the Armed Forces of the United States during any of the eligibility periods listed and who died in the line of duty during such service, or who, having received an Honorable Discharge, died after such service.
- The mothers, wives, daughters, sisters, granddaughters, great-granddaughters and grandmothers of those who were citizens of the United States and who served during any of the eligibility periods in the Armed Forces of any of the governments who were allies of the United States and who died in the line of duty during such service, or who, having received an Honorable Discharge, died after such service.
- Women who are eligible for membership in The American Legion in their own right.
This eligibility includes step-relatives

Family Membership Option: Post 435 Gun Club Memberships are *Family Memberships*. If your Spouse, regardless of his or her gender, is eligible for ANY American Legion organization, then you can become a Family Member of the Post 435 Gun Club once your Spouse has enrolled in a Legion Organization and the Post 435 Gun Club.

Need or Want to Prove Your Eligibility? To obtain Military Records on Department of Defense form DD-214, you need to submit a form SF-180 to the appropriate military service office. You can get a SF-180 form from any Gun Club Officer, or go on-line and get one at the U.S. Archives Website: http://www.archives.gov/facilities/mo/st_louis/military_personnel_records/standard_form_180.html

	American Legion Auxiliary	APPLICATION FOR MEMBERSHIP <i>Please type or print</i>	<input type="checkbox"/> Senior (<i>over 18</i>) <input type="checkbox"/> Junior (<i>birth - 18</i>)
Applicant's Full Name _____ <small>(First) (MI) (Last)</small>		_____ / ____ / ____ <small>(Date of Birth)</small>	
_____ <small>(Mailing Address)</small>		_____ <small>(Work/Home Phone Number(s))</small>	
_____ <small>(City)</small>	_____ <small>(State)</small>	_____ <small>(ZIP)</small>	_____ <small>(Unit Number & Location)</small>
I am eligible for membership through the military service of _____ <small>(Full Name)</small>			
<input type="checkbox"/> Living <input type="checkbox"/> Deceased	He/She is a member of: _____ <small>(American Legion Post) (Post #) (City) (State)</small>		
The veteran, Living or Deceased, served in:		Applicant's Relationship to the Veteran:	
<input type="checkbox"/> WWI (4/6/17-11/11/18)	<input type="checkbox"/> WWII (12/7/41-12/31/46)	<input type="checkbox"/> Mother	<input type="checkbox"/> Granddaughter
<input type="checkbox"/> Korea (6/25/50-1/31/55)	<input type="checkbox"/> Vietnam (2/28/61-5/7/75)	<input type="checkbox"/> Wife	<input type="checkbox"/> Great-Granddaughter
<input type="checkbox"/> Grenada/Lebanon (8/24/82-7/31/84)	<input type="checkbox"/> Panama (12/20/89-1/31/90)	<input type="checkbox"/> Sister	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Persian Gulf War (8/2/90 until cessation of hostilities)		<input type="checkbox"/> Daughter	<input type="checkbox"/> Self <small>(Step relatives are eligible)</small>
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 Secretary's Verification for Female Veterans Only		Date: _____	