



# Auxiliary Unit 179

## Membership Dues - \$30.00

Your Application / Renewal cannot be processed  
without the following information:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_ Member I.D. #: \_\_\_\_\_

Date of Birth (Required): \_\_\_\_\_ Birth - 17 18 and over

Renewal Transfer - From Post #: \_\_\_\_\_

New Member (Application information required below)

*Please make sure you sign your card when you receive it*

## The American Legion Auxiliary - Membership Application

**Eligible Through Veteran (if living, must be American Legion member):**

Name of Veteran: \_\_\_\_\_ Living Deceased

American Legion Member I.D. #: \_\_\_\_\_

Veteran's American Legion Post Name: \_\_\_\_\_ Post #: \_\_\_\_\_

Veteran's American Legion Post City: \_\_\_\_\_ State: \_\_\_\_\_

**Veteran Served (check all that apply):**

WWI (4/16/17-11/11/18)

WWII (12/7/41-12/31/46)

Merchant Marines (12/7/41-12/31/46)

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

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

Lebanon / Grenada (8/24/82-7/31/84)

Panama (12/20/89-1/31/90)

Gulf War / War on Terrorism

(8/2/90 until cessation of hostilities)

**Applicant's Relationship to the Veteran:**

Mother Wife Daughter Sister

Grandmother Granddaughter Great-Granddaughter 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Post Adjutant / Officer Membership Verification

\_\_\_\_\_  
Date

*Please make checks payable to "American Legion Auxiliary 179"  
If mailing, please send this application and check to:  
American Legion Auxiliary 179, 2327 Wilson Ave SW, Grand Rapids, MI 49534*