AMERICAN LEGION AUXILARY UNIT 63 MEMBERSHIP APPLICATION:

() My \$15.00 Check or Money Order is enclosed for Senior Membership
() My \$2.00 Check or Money Order is enclosed for Junior Membership

Please return completed application with check or money order payable to American Legion Auxiliary to:

American Legion Post 63 Attn: Auxiliary Unit 63 Mer P.O. Box 531	mbership					
Cape Girardeau, MO 63702	-0531					
Applicants Full Name		//		() Senior (18	or over) () Ju	nior (under 18)
Mailing Addess:	First Name	MI	Last Name			
	City		State Zip	• U	Init Number and	Location
I am eligible for membershi	p through the military	service of _				
() Living () Deceased He/She is a member of:			Full Name			
The veteran, Living or Dece			American Legion Post	Post Number	City	State
 () WWI (4/6/17 - 11/11/2) () WWII (12//41 - 12/31/2) () Merchant Marines (12 () Korea (6/25/50 - 1/31/2) () Vietnam: (2/28/61 - 5/2) () Grenada: (8/24/82 - 7/2) () Panama: (12/20/89 - 12) () Persian Gulf War: (8/2) 	/46) /7/41 - 8/15/45 only) /55) 7/75) 31/84) //31/90)	stilities)				
Applicants Relationship to t	he Veteran: (Step rela	tives are elig	gible)			
 () Mother () Wife () Sister () Daughter () Grandmother () Granddaughter () Great-Granddaughter () Self 						
I certify that the below nam is still serving honorably.	ed individual served at	t least one da	ay of active duty during th	ne dates marked above	and was honora	bly discharged or
Signature of Applicant					_ Date:	
Post Officer Membership V or Unit Secretary's Verifica					_ Date:	
I am interested in learning r	nore about the following	ng:				
Volunteering at a VA M Education activitiesCor Emergency Fund Fund-	nmunity Volunteerism	Assistance	Paid up for Life Men	nbership (VIM)M	ember Benefits_	
(Recruiter Name) (Unit/Pos	t #)		(City)		(State)	
The following individual(s)	might also be interested	ed in helping	5			
Please Contact: Please Contact:					_ Phone # _ Phone #	