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
❑ Daughter ❑ Granddaughter

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

09/2019

Submit this application to the ALA unit you wish to join. If unit is unknown, contact National Headquarters at (317) 569-4500 for assistance.
Annual dues must accompany completed application. Ask local contact for amount due. ***Membership pending approval of application.***

AMERICAN LEGION AUXILIARY, DEPARTMENT OF MARYLAND, INC
1589 SULPHUR SPRING ROAD, SUITE #105
BALTIMORE, MD 21227
TELEPHONE: 410-242-9519 FAX: 410-242-9553

2026 REMITTANCE SHEET

REMITTANCE NO.: _____ DATE: _____
UNIT NAME:_____ UNIT NO.:_____

District (Please circle) 1 2 3 4 5 6 7 8

Person preparing membership remittance:

NAME:_____DAYTIME PHONE: _____
EMAIL ADDRESS:_____
TOTAL NUMBER OF SENIORS:_____@ $26.00 $_____
TOTAL NUMBER OF JUNIORS: _____@$5.50 $_____
NEW MEMBER APPLICATIONS ENCLOSED? Yes/ No How Many?_____
DUES AMOUNT----------$_____
PRIOR YEARS (only if paying on same check as the remittance)----$_____
CREDITS----------$_____
AMOUNT OF CHECK----------$_____

FOR DEPARTMENT USE ONLY:
Paid Check #_____Amount $_____Date Received _____
Paid Check #_____Amount $_____

TOTAL MEMBERS ENCLOSED WITH THIS REMITTANCE _____
(Include Seniors and Juniors)
TOTAL MEMBERS PREVIOUSLY SUBMITTED _____
***PUFL MEMBERS: _____
*** RENEWED ONLINE: _____
TOTAL MEMBERS PAID TO DATE: (PLEASE COMPLETE AND COPY FOR YOUR RECORDS)
JUNIORS: _____ SENIORS: _____TOTAL:_____

***NOTE: Units will be credited with PUFL membership when list is received from National. PUFL members should then be added to your total for your Unit records. (This will happen mid-Sept) Please do not include the names of the members being submitted. We have a record of them at the Department Office. **Please be sure all new applications are completed completely, signed by applicant and POST officer and they are legible.** **Incomplete applications will be returned.**
Applications for Junior members must have a date of birth to be entered as a junior member.***

Unit Name: Unit#: Remittance#

1) **List ALL members you are paying for ALPHABETICALLY on this sheet.**
2) List only the members you are paying for-**DO NOT LIST PUFLs, Deceased, or Paid-Up Transfers**.
3) **List ALL IDs (except new members - leave ID# blank)**
4) Members born in 2008 are Seniors. Applicants born on or after January 1, 2009 are Junior members.

	Member ID #	Name as it appears on National Roster (If there has been a recent name change, please include both names)	2026 Renewal		2026 New		Rejoin / Transfer	
			SR	JR	SR	JR	SR	JR
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
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Revised 3/10/2025

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PRIOR YEAR DUES

(If copying the form please use PURPLE paper if possible)

YEAR(S) 2023, 2024, 2025

DATE_____

UNIT NAME_____ **UNIT NO.**:_____

Person preparing membership remittance:

NAME:_____

DAYTIME PHONE:_____ **EMAIL:**_____

TOTAL NUMBER OF 2023 SENIORS:_____@$20.00_____

TOTAL NUMBER OF 2024 & 2025 SENIORS:_____@$26.00_____

TOTAL NUMBER OF 2023, 2024 & 2025 JUNIORS:_____@$ 5.50_____

CREDIT / DEBIT USED: $_____

AMOUNT OF CHECK ENCLOSED $_____

FOR DEPARTMENT USE ONLY:

Paid Separate Check# :_____Amount $_____Date:_____

Payment included on Remittance #_____Date_____

*****After February 1, 2026 all prior year dues payments will be applied to 2026 dues first*****

LIST OF MEMBERS BEING SUBMITTED:

Member ID#	Name as it appears on National Roster	Year(s) being paid.

(This Form May Be Duplicated) Revised: March 11, 2025

Member Data Form

Date _____

Member ID# _____ District # _____ Unit #_____

(***Required*** *for all changes*)

SR____ **JR**____ **DECEASED**____, date of death__/__/____

Name _____ **PUFL** ☐ Honorary Life Member ☐

CORRECTIONS

Old Information	New nformation
Name _____	Name _____
Former Address_____	New Address: _____
Former City _____	New City _____
Former State _____ Zip _____	New State: _____ Zip:_____
Former Telephone# _____	New Telephone: _____
Email Address _____	E-mail Address _____

UNIT TRANSFER

Previous Unit# _____ Department of _____	**New** Unit# _____Department of **Maryland**
_____	_____
Signature – Member **(Required)**	Signature – New Unit Officer **(Required)**

Continuous Years of Membership (Paid Years) _____

Mail to:
ALA Department of MD
1589 Sulphur Spring Rd., Suite 105
Baltimore, MD 21227
Or email to: hq@alamd.org

Revised 2025

AMERICAN LEGION AUXILIARY

ALA Department of Maryland

Unit Obligations and Donations Sheet

Unit Name and Number _____

Contact Name and Phone Number _____

OBLIGATIONS REQUIRED FOR AWARDS

Department Children & Youth Project	$
VA&R General Fund	$
VA&R Christmas Fund	$
Per-Capita Tax (do not send until notified by Dept.)	$
Poppies (use order form, must pay poppy % before ordering)	$
Poppy Percentage (last administrative year)	$
Department Convention Assessment ($30)	$

DEPARTMENT SCHOLARSHIPS, PROJECTS, AND OPERATIONS

Department Children & Youth Scholarship	$
Past Presidents Parlay (PPP) Scholarship	$
Department Creative Arts	$
Convention Ways & Means	$
Department Operating Fund	$

HELP US HELP OTHERS

Department President's Project	$
Department Juniors' Project	$
Past Presidents Parlay (PPP) Project	$
American Legion Child Well-being Foundation (CWF)	$
National Auxiliary Emergency Fund (AEF)	$
National President's Project	$
National Spirit of Youth Scholarship	$

Check Amount* $_____

Admin Year _____ Check # _____ Date _____

**Note*: Please do not include any donations in your check that are not on this sheet.

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BALTIMORE, MD 21227
TELEPHONE: 410-242-9519 FAX: 410-242-9553
WEBSITE: www.alamd.org EMAIL: hq@alamd.org

2026

POPPY ORDER FORM

NAME OF UNIT ..... **DISTRICT #** ..... **UNIT#** .....

UNIT ADDRESS .....

CONTACT NAME ..... **PHONE#** .....

POPPY % MUST BE PAID BEFORE POPPIES ARE SENT!

_____ **POPPIES @ $185.00 PER THOUSAND** $_____

_____ **POPPIES @ $ 20.00 PER HUNDRED** $_____

SHIPPING ($6.-100-400 / $10.- 500-900 / $13.- 1,000)
($3 extra in increments of 400) $_____

TOTAL AMOUNT DUE* $_____

PAYABLE TO: AMERICAN LEGION AUXILIARY DEPARTEMNT OF MARYLAND, INC.
MAIL TO: 1589 SULPHUR SPRING RD, SUITE #105, BALTIMORE, MD 21227

DELIVERY METHOD PICK UP HQ:_____ SHIP:_____ PICK UP DEC: _____

FILL IN SHIPPING INFORMATION ONLY IF REQUESTING ORDER TO BE SHIPPED.

SHIP TO: _____

ADDRESS: _____

CITY: ..... STATE: ..... ZIP CODE .....

ALL ORDERS must be made through the Department Headquarters. Please be sure your 24/25 Poppy percentage has been paid before ordering or sending in with order. CHECKS TO BE SENT VIA POPPY ORDER FORM OR DONATION SHEET (Poppy % is located on donation sheet)

** PLEASE SIGN, DATE AND RETURN TO DEPARTMENT HEADQUARTERS AFTER YOU RECEIVE YOUR POPPY'S IN THE MAIL**

SIGNATURE: ..... DATE: .....

THANK YOU, LADIES FOR ALL OF YOUR HARD WORK!

Revised – 3/12/2025

AMERICAN LEGION AUXILIARY

American Legion Auxiliary

PAID UP FOR LIFE

MEMBERSHIP

Please type or print – see instructions on reverse)

SECTION 1 – To be completed by APPLICANT

FULL NAME: _____ (First) _____ (Middle) _____ (Last)

DATE OF BIRTH: ***(required)*** ____/____/____

_____ (Address)

PUFL MEMBERSHIP FEE: $ _____ *(see rate chart on reverse side)*

_____ (City) _____ (State) _____ (Zip)

DAYTIME TEL # (___) ____ - _____

SIGNATURE OF APPLICANT: * _____

EMAIL _____

can only be omitted if membership is a gift; if a gift, please refer to section below

Date Application Submitted to Unit Secretary

____/____/_____

***FOR GIFT Mail Card to:** →

Name: _____ Tel #: (____) _____- _____

Address: _____

City: _____ State: _____ Zip: _____

Indicate Payment Method:

☐ Check or Money Order - - Make payable to: ***American Legion Auxiliary***

☐ MasterCard Card # __ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __ Expiration date: ____/____

☐ Visa Card # __ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __ Expiration date: ____/____

Daytime Tel #_____-_____-_____Signature: _____ Date: _____/_____/_____

SECTION 2 – To be completed by UNIT SECRETARY

With my signature below, **I certify** that applicant is a member in good standing, has a valid membership card (has paid dues) for the current year, that application is completed in full, that the PUFL fee listed above is accurate, and that the application is ready for processing at National Headquarters. ***Note: After January 1, a member's current year's dues must be paid before they can apply for a PUFL membership and cannot be deducted from the total PUFL fee*** *(see information on back)*

Applicants Membership ID #: _____ Last membership year paid: _____

Unit #: _____ Department/State: _____ Annual Unit Dues (Unit + Dept + Nat'l): $_____

***Is Unit waiving its portion of dues for this applicant? Yes _____ No _____**

(By doing so, the Unit forfeits or "gives up" the annual payment of that member's dues for the remainder of their membership.)

Signature of Unit Secretary: _____ Date application certified: ____ / ____ / _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Daytime Tel #: (_____) _____ - _____

for explanation, see "COST" section on reverse side

Send this form, along with payment to:

American Legion Auxiliary, National Headquarters
ATTN: Membership Division - PUFL
3450 Founders Road
Indianapolis, IN 46268

**** The PUFL fee for applications processed after June 30 must be based on the total Unit dues for the following membership year.***

Note: PUFL Fees are non-refundable

SECTION 3 – To be completed by NATIONAL HEADQUARTERS

NATIONAL per capita: $_____ DEPARTMENT per capita: $_____ Balance for UNIT: $_____

Date card sent_____/_____/_____

Revised 07.21.2023

ELIGIBILITY: Any member of the American Legion Auxiliary in good standing (having a valid membership card for the current year) may pay dues in advance for the remainder of member's life. After January 1, a member's dues must be paid for the current year before becoming eligible to purchase a PUFL membership. If a member pays their dues in advance and decides before the start of the membership year that they want to purchase a PUFL membership, that dues amount may be deducted from the total PUFL membership cost until January 1 of the current membership year. After January 1st the full PUFL fee must be paid.

COMPLETING APPLICATION: The APPLICANT completes and signs the top portion of the application form and submits to the Unit Secretary for certification that member is in good standing and has paid dues for current year. Payment or charge card information must be provided before the application can be processed. Make check or money order payable to American Legion Auxiliary. See the rate chart below for payment due.
The UNIT SECRETARY must: 1) Verify that applicant has paid the current year dues; 2) complete and sign the second section of the application.

PROCESSING APPLICATION: After the application and payment are accepted and processed by National Headquarters, a permanent PUFL Membership card is sent to the member. The card is proof of the member's paid-up-for-life membership status. Each year thereafter, National Headquarters will send the Unit, through its Department Headquarters, the Unit's share of the member's annual dues, unless the unit has agreed to waive their portion. The Unit and Department will receive the same amount each year as long as the member lives and remains a member of that Unit.

COST: The cost of a PUFL membership is based upon two factors -- the member's age at the time of application/purchase and the total dues of the Unit at the time the application is processed.* The total dues of the Unit consist of the Department per capita, the National per capita and the amount of annual dues retained by the Unit. The dues amount used to compute the cost of a PUFL membership may not be less than the sum of the Department per capita plus National per capita. *(Units may waive their portion of dues. By doing so, the Unit forfeits or "gives up" the annual payment of that member's dues from the Paid Up For Life Trust.)* NOTE: see "ELIGIBILITY" section *(above)* about deducting dues paid in advance from the total PUFL fee.

The PUFL fee for applications processed after June 30 must be based on the total Unit dues for the following membership year.

The rate chart must be used to determine the exact cost of a Paid Up For Life membership. At the top of the chart, select your age group -- the age at your last birthday. In the left-hand column, find the amount of your annual Unit dues (*round to the nearest dollar amount*) and trace across to your age column. This amount is the cost of your PUFL Membership.

Example: if you are 62 years old and your Unit dues are $25.00, the cost of your PUFL membership is $525.00.

If your dues amount is higher than $60.00, you can find a continuation of the PUFL rate chart in the Member Resources section of the national website at www.ALAforVeterans.org

PUFL FEE RATE CHART

Effective September 1, 2014

Age When Single Payment Made

Rate of Sr. Annual Dues	Birth to 11	12 to 17	18 to 24	25 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	80 & Over
$18.00	801	751	721	681	649	575	487	386	283	184
$19.00	842	790	758	716	682	605	512	406	297	194
$20.00	883	828	795	751	715	634	537	426	312	203
$21.00	924	867	832	785	748	663	562	446	326	212
$22.00	966	905	869	820	782	693	587	465	341	222
$23.00	1,007	944	906	855	815	722	612	485	355	231
$24.00	1,048	982	943	890	848	752	637	505	370	241
$25.00	1,089	1,021	979	925	881	781	662	525	384	250
$26.00	1,130	1,059	1,016	960	915	811	687	545	399	260
$27.00	1,171	1,098	1,053	995	948	840	712	565	413	269
$28.00	1,212	1,136	1,090	1,030	981	870	737	584	428	279
$29.00	1,253	1,175	1,127	1,065	1,014	899	762	604	442	288
$30.00	1,294	1,213	1,164	1,100	1,048	929	787	624	457	297
$31.00	1,335	1,252	1,201	1,135	1,081	958	812	644	471	307
$32.00	1,376	1,290	1,238	1,169	1,114	988	837	664	486	316
$33.00	1,418	1,329	1,275	1,204	1,148	1,017	862	683	500	326
$34.00	1,459	1,367	1,312	1,239	1,181	1,047	887	703	515	335
$35.00	1,500	1,406	1,349	1,274	1,214	1,076	912	723	529	345
$36.00	1,541	1,444	1,386	1,309	1,247	1,106	937	743	544	354
$37.00	1,582	1,483	1,423	1,344	1,281	1,135	962	763	558	364
$38.00	1,623	1,521	1,460	1,379	1,314	1,165	987	782	573	373
$39.00	1,664	1,560	1,497	1,414	1,347	1,194	1,012	802	587	382
$40.00	1,705	1,598	1,534	1,449	1,380	1,224	1,037	822	602	392
$41.00	1,746	1,637	1,571	1,484	1,414	1,253	1,062	842	616	401
$42.00	1,787	1,675	1,608	1,518	1,447	1,283	1,087	862	630	411
$43.00	1,828	1,714	1,645	1,553	1,480	1,312	1,112	881	645	420
$44.00	1,869	1,752	1,682	1,588	1,513	1,342	1,137	901	659	430
$45.00	1,911	1,791	1,719	1,623	1,547	1,371	1,162	921	674	439
$46.00	1,952	1,829	1,756	1,658	1,580	1,401	1,187	941	688	449
$47.00	1,993	1,868	1,793	1,693	1,613	1,430	1,212	961	703	458
$48.00	2,034	1,906	1,830	1,728	1,646	1,460	1,237	980	717	467
$49.00	2,075	1,945	1,867	1,763	1,680	1,489	1,262	1,000	732	477
$50.00	2,116	1,983	1,904	1,798	1,713	1,519	1,287	1,020	746	486
$51.00	2,157	2,022	1,940	1,833	1,746	1,548	1,312	1,040	761	496
$52.00	2,198	2,060	1,977	1,868	1,779	1,578	1,337	1,060	775	505
$53.00	2,239	2,099	2,014	1,902	1,813	1,607	1,362	1,079	790	515
$54.00	2,280	2,137	2,051	1,937	1,846	1,637	1,386	1,099	804	524
$55.00	2,321	2,176	2,088	1,972	1,879	1,666	1,411	1,119	819	534
$56.00	2,363	2,214	2,125	2,007	1,913	1,696	1,436	1,139	833	543
$57.00	2,404	2,253	2,162	2,042	1,946	1,725	1,461	1,159	848	552
$58.00	2,445	2,291	2,199	2,077	1,979	1,755	1,486	1,179	862	562
$59.00	2,486	2,330	2,236	2,112	2,012	1,784	1,511	1,198	877	571
$60.00	2,527	2,369	2,273	2,147	2,046	1,814	1,536	1,218	891	581

NOTE: For members under age 18, PUFL rates are based on your Unit's annual **senior** dues amount.

REGION and DISTRICT COMPOSITION

Eastern Shore Region (27 Unit)

District 1 (12 Units)

015 - Cecil
018 - Jeff Davis
029 - Caroline
070 - Talbot
077 - Blake-Blackston
135 - Susqeuhanna
193 - Mannie Scott
194 - Mason Dixon
228 - Sgt. Preston Ashley
246 - C Henry Price II
278 - Kent Island
296 - Benedict A Andrew

District 2 (15 Units)

016 - Stanley Cochrane
064 - Wicomico
087 - Cpl Herman Hughes
091 - Dorchester
093 - Worcester
094 - O T Beauchamp
123 - Boggs-Disharoon
132 - Walter Polk
145 - Howard J Purnell
166 - Synepuxent
218 - Dor-Wic
231 - Duncan-Showell
237 - Spring Hill
243 - Hurlock
269 - Sharptown-Columbia

Northern Central Region (25 Units

District 3 (15 Units)

017 - P Daily - M Logsdon
022 - Towson
038 - Dundalk
039 - Harford
047 - Joseph L Davis
055 - Sgt. Alfred Hilton
122 - Liberty
128 - Bernard L Tobin
130 - Overlea Perry Hall
148 - Essex
180 - Rosedale
182 - Slate Ridge
183 - Parkville
256 - Parkton
263 - Jackson & Johnson

District 4 (8 Units)

019 - Federal
034 - Patrick Henry
040 - Glen Burnie
109 - Dewey Lowman
187 - Brooklyn - Curtis Bay
276 - Howard L Turner
277 - Pasadena
285 - Northeastern

DISTRICT 1 - 4 PRESIDENTS

Donna Howeth | **OPEN** | **Christine Thompson** | **Sharon Knecht**

Southern MD Region (30 Units)

District 5 (16 Units)

007 - Guy C Parlett
041 - Cissel-Saxon
060 - Laurel
066 - Disney Bell
086 - Henderson -Smith-Edmunds
108 - Cheverly
131 - Colmar Manor
136 - Greenbelt
141 - Cook-Pinkney
172 - Beltway
175 - Severna Park
217 -John B Latimer-College Park
226 - Cummings-Behlke
235 - William Frances Smith
268 - Wheaton
275 - Glenarden

District 6 (14 Units)

082 - Harry White Wilmer
170 - Randolph Furey
196 - Suitland
206 - Stallings-Williams
220 - Gray-Ray
221 - Southern Maryland
227 - Brandywine
233 - Jack R Cross Mem.
238 - Jameson-Harrison
248 - Oxon Hill
255 - Ridge
259 - Clinton
274 - Arick L Lore
293 - Edwin Adams

Western MD Region (25 Units)

District 7 (13 Units)

010 - Clopper Michael
013 - Fort Cumberland
024 - Farrady
026 - Webster B Harrison
042 - Morris Frock
071 - Proctor Kildow
189 - Barton
202 - Potomac
211 - Dixon-Troxell
214 - Grantsville
222 - Joseph C Herbert
236 - Antietam
239 - Cascade

District 8 (13 Units)

011 - Frances Scott Key
031 - Carroll
096 - Steadman-Keenan
116 - Reisterstown
120 - Hesson-Snider
121 - Francis X Elder
168 - Edwin C Creeger Jr
171 - Damascus
191 - Gold Star
200 - Hampstead
223 - Sykesville Mem.
282 - Glen W Eyler
295 - Vietnam Mem.

DISTRICT 4 - 8 PRESIDENTS

Alicia Curran | **Carmin Brittain** | **Tonya Rowe** | **Diane Lowe**