

# 2026 MEMBERSHIP APPLICATION

AMERICAN LEGION MEMORIAL HOME ASSOCIATION - PO BOX 8 - MOUNT UNION, PA 17066

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

## MEMBERSHIP RATES - PLEASE READ CAREFULLY

TO BE ELIGIBLE FOR AN ACTIVE LEGION MEMBERSHIP OF THE MEMORIAL HOME ASSOCIATION, APPLICANT MUST BE A MEMBER IN GOOD STANDING OF THE SIMPSON-HUNT POST 107

<input type="checkbox"/>	<b>ACTIVE LEGIONNAIRE</b>	<b>\$36.00</b>
<input type="checkbox"/>	<b>ASSOCIATE MEMBER</b>	<b>\$25.00</b>
<input type="checkbox"/>	<b>SONS OF THE AMERICAN LEGION</b>	<b>\$25.00</b>
<input type="checkbox"/>	<b>LADIES AUXILIARY</b>	<b>\$36.00</b>
	AUXILIARY MEMBERSHIP \$30.00	
	BAR CARD \$6.00	

I HEREBY AGREE TO ADHERE TO THE RULES, REGULATIONS AND POLICIES GOVERNING THE AMERICAN LEGION HOME ASSOCIATION.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_

**SPONSORING MEMBER:** \_\_\_\_\_

**APPROVED**

**DIS-APPROVED**

**DATE:** \_\_\_\_\_