

American Legion Department of Pennsylvania Women Veterans Committee

This Women Veterans Committee Survey Form should be filled out by all female veterans in the Post. It should also be available to women veterans at any membership outreach location and returned to Department Headquarters. The purpose of the survey is to gather information on the number of women veterans within the State, within the American Legion and to understand and address the concerns and needs of those women veterans.

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Branch of Service - △ Army △ Marines △ Navy △ Air Force △ Coast Guard	
Are you currently or have you ever been a Legionnaire? △ Current △ Former △ Never Been	
Are you currently or a former member of another Veterans Organization?	
△ Current △ Former △ Never Been If so, which one(s)?	
Length of Service in Years	Service Date(s)
△ Less than 4 △ 5-10 △ 11-20 △ More Than 2	0 △ Retired / / - / /
Are You Currently Registered with Veterans Administration (VA)? △ YES △ NO	
Have you experienced any issues with the VA or the American Legion? If YES, please explain on	
back of this form.	
What is your current Benefit Status with the VA?	
Do you have any mental or physical health issues not being addressed by the Veterans	
Administration (VA)?	
What is your favorite Program of the American	
Legion?	membership in the American Legion Auxiliary?
	△ YES △ NO
Could you provide any suggestions or guidance for what we could change as an organization to	
promote more women veteran participation and inclusion?	
Do you wish to provide an email address to receive future information?	

DOWNLOAD THE FREE BROCHURE AT https://www.legion.org/documents/legion/pdf/WomenVeteransbrochure 07.pdf