



MARINE CORPS LEAGUE AUXILIARY, INC

Application for membership of _____
(Print Name)

Date _____

I herewith make application for membership in the _____
Unit, Department of _____

BASIS OF ELIGIBILITY: (circle one) Wife, Widow, Mother, Grandmother, Stepmother, Sister,
Daughter, Granddaughter, Stepdaughter, Daughter-in-law, Aunt, Niece, Mother-in-Law, Sister-
in-Law or Woman Marine (Former, Active or Reserves)

of _____, a Marine or FMF Corpsman (circle one), who does/does not
(Name of Marine or FMF Corpsman) (circle one)

belong to _____ Detachment of the Marine Corps League.
(Name of Detachment)

Mustering in date _____ Place _____

Mustering out date _____ Place _____

Deceased date _____ Place _____

Have you ever belonged to the MARINE CORPS LEAGUE AUXILIARY before? _____
If so, what Unit? _____

Department of _____ Date last dues were paid? _____ in _____
Unit

AUXILIARY RECRUITER _____
(Auxiliary Member)

(Applicant's Signature)

Eligibility checked: DD214 _____
Honorable Discharge _____
Other _____

Address _____

Phone _____

Email _____

Date of Birth _____

Date Accepted by Unit _____

Rev. 8/25

ORIGINAL – UNIT 1 COPY – NATIONAL

1 COPY – DEPARTMENT