



ASSOCIATE MEMBER

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MARINE CORPS LEAGUE AUXILIARY, INC. APPLICATION FOR ASSOCIATE MEMBERSHIP

Application for Membership of _____
(Print Applicant's Name)

I hereby make application for membership in the following Unit: _____

_____ Department of _____ Unit's Name) (Print
(Print Department if applicable)

By signing this Application I agree to and understand the following provisions of being an Associate Member of the Marine Corps League Auxiliary. I understand an Associate Member can never hold an elected Unit, Department, or National office nor can an Associate Member vote on any Department or National issue or Membership Applications or Election of Officers.

Applicant's Signature: _____

Address: _____

City & State: _____

Zip Code + 4 digit extension _____ - _____ (Must be included)

Telephone: Home (_____) _____ Work
(_____) _____
(Must include Area Code)

AUXILIARY RECRUITER: _____ Membership Enrollment Date: _____
(Current Auxiliary Member)

2000

ORIGINAL - UNIT

1 COPY - NATIONAL

1 COPY - DEPARTMENT