



Application for membership of _____
(Print Name)

MARINE CORPS LEAGUE AUXILIARY, INC.

Date: _____

I herewith make application for membership in the

_____ Unit, Department of _____

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

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

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 _____

Phone _____

Date Accepted by Unit _____

Address _____

Email _____

Date of Birth _____

ORIGINAL – UNIT 1 COPY – NATIONAL 1 COPY – DEPARTMENT