



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, Grandmother, Stepmother, Sister, Daughter, Granddaughter,  
Stepdaughter, Daughter-in-law, Aunt, Niece, Mother-in-Law, or Sister-in-Law of \_\_\_\_\_

(Name of Marine, FMF Corpsman, Navy Chaplain, or Korean Era Marine)  
a Marine, FMF Corpsman, FMF Navy Chaplain or Korean Era Marine (circle one), eligible to belong to the Marine Corps League,  
who does/does not (circle one) belong to \_\_\_\_\_ of the Marine Corps League,  
(Name of Detachment)

and Women Marines (circle, if applicable). I do/do not (circle one) wish to become a Dual Member in this Unit.

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 \_\_\_\_\_

(Current Auxiliary Member)

\_\_\_\_\_

(Applicant's Signature)

Eligibility checked: DD214 \_\_\_\_\_

Honorable Discharge \_\_\_\_\_

Other \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date Accepted by Unit \_\_\_\_\_