



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: \_\_\_\_\_  
(Print Unit's Name)

\_\_\_\_\_ Department of \_\_\_\_\_  
(Print Department if applicable)

I do/do not (circle one) wish to become a Dual Member in this Unit.

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)

ORIGINAL - UNIT      1 COPY - NATIONAL      1 COPY - DEPARTMENT