

**MARINE CORPS LEAGUE AUXILIARY, INC.
50 YEAR PIN APPLICATION**

NAME _____

ADDRESS _____

DATE OF ORIGINAL
APPLICATION _____

UNIT _____

DEPARTMENT _____

This is to certify that the above named member has been a member in good standing for fifty (50) years and is eligible to be awarded the 50 year membership pin.

UNIT PRESIDENT

NOTARY

DEPARTMENT PRESIDENT

DIVISION VICE PRESIDENT

Attach a copy of the original application. Where no application is available, this affidavit must be notarized. Send original to the chairman of the 50 year pin committee. Keep a copy for your records.

Rev. 2017

