



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, Sister-in-Law or Woman Marine (Former, Active or Reserves) of _____, a Marine or FMF Corpsman (circle one), who does/does not (circle one) belong to _____ (Name of Marine or FMF Corpsman) _____ 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 _____ (Current Auxiliary Member) _____ (Applicant's Signature)

Eligibility checked: DD214 _____ Address _____
Honorable Discharge _____
Other _____
Phone _____

Date Accepted by Unit _____ Email _____



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