



**MARINE CORPS LEAGUE AUXILIARY, Inc.**  
TRANSFER FORM

MEMBER'S NAME \_\_\_\_\_

This is to certify that the above named member has paid all dues to (date) \_\_\_\_\_ and is a member in good standing of the \_\_\_\_\_ Unit, Department of \_\_\_\_\_.

Her admission into any Unit of the Organization is recommended.

Offices Held: National \_\_\_\_\_  
Department \_\_\_\_\_  
Unit \_\_\_\_\_

TRANSFERRING OUT OF: \_\_\_\_\_ UNIT  
DEPT. \_\_\_\_\_

TRANSFERRING INTO: \_\_\_\_\_ UNIT  
DEPT. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(President)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Treasurer)

Signature of Member requesting transfer: \_\_\_\_\_

Date: \_\_\_\_\_

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Original application for membership is to be forwarded to gaining Unit. Copy of Transfer Form to: (1) Gaining Unit, (2) Losing Unit, (3) Department Treasurer and (4) National Headquarters. This transfer is to be used prior to member's expiration date; otherwise it becomes a discharge from the Organization.