



Marine Corps League Auxiliary  
**Change of Name /Address Form**

(Please Print)

Name: \_\_\_\_\_

Unit & Department: \_\_\_\_\_

Old Information:

New Information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt. /Suite: \_\_\_\_\_

Apt. /Suite: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**Unit Treasurer- Original \*Unit Treasurer to make 3 copies and disperse to offices below  
Department Treasurer - Division VP - National Headquarters**

*This form is to be filled out by the member to be given to the Unit Treasurer to process.*