



## MARINE CORPS LEAGUE AUXILIARY, Inc. DUAL MEMBERSHIP FORM

**INSTRUCTIONS: ALL DUAL MEMBERS MUST SUBMIT THIS FORM. NEW DUAL MEMBERS MUST ATTACH THIS FORM TO THEIR MEMBERSHIP APPLICATIONS.**

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

PRIMARY (VOTING) UNIT: \_\_\_\_\_ Dept. of \_\_\_\_\_

DUAL (NON-VOTING) UNIT(S) \_\_\_\_\_ Dept of \_\_\_\_\_

\_\_\_\_\_ Dept of \_\_\_\_\_

\_\_\_\_\_ Dept of \_\_\_\_\_

Signed: \_\_\_\_\_

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

Send **one** copy to National Headquarters: **National MCLA Headquarters, PO Box 3038, Stafford, VA 22555-3038**

Headquarters will send a receipted copy to Department and Division.