



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.