



## **MARINE CORPS LEAGUE AUXILIARY, INC. 50 YEAR PIN APPLICATION**

**NAME**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DATE OF ORIGINAL  
APPLICATION**\_\_\_\_\_

**UNIT**\_\_\_\_\_

**DEPARTMENT**\_\_\_\_\_

**This is to certify that the above named member has been a member in good standing for fifty (50) years and is eligible to be awarded the 50 year membership pin.**

\_\_\_\_\_  
**UNIT PRESIDENT**

\_\_\_\_\_  
**NOTARY**

\_\_\_\_\_  
**DEPARTMENT PRESIDENT**

\_\_\_\_\_  
**DIVISION VICE PRESIDENT**

**Attach a copy of the original application. Where no application is available, this affidavit must be notarized. Send original to the chairman of the 50 year pin committee. Keep a copy for your records.**

**Rev. 2017**