



# 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