



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: _____

NOTE: Members wishing to transfer voting rights must submit DUAL MEMBER TRANSFER OF VOTING RIGHTS FORM

Send one copy to National Headquarters. Headquarters will send a receipted copy to Department and Division.