



Marine Corps League Auxiliary
Change of Name /Address Form

(Please Print)

Name: _____

Unit & Department: _____

Old Information:

New Information:

Name: _____

Name: _____

Street Address: _____

Street Address: _____

Apt. /Suite: _____

Apt. /Suite: _____

City: _____

City: _____

State _____ Zip _____

State _____ Zip _____

Email: _____

Phone: _____

Member Signature: _____

Date: _____

Unit Treasurer- Original *Unit Treasurer to make 3 copies and disperse to offices below
Department Treasurer - Division VP - National Headquarters

This form is to be filled out by the member to be given to the Unit Treasurer to process.