APPLICATION FOR ASSOCIATE MEMBERSHIP
MARINE CORPS LEAGUE AUXILIARY, INC

Application for Membership of _____ (Print Applicant's Name)
I hereby make application for membership in the following Unit: _____
Department of _____. (Print Department if applicable)
I do/do not (circle one) wish to become a Dual Member in this Unit.

By signing this Application, I agree to and understand the following provisions of being an Associate Member of the Marine Corps League Auxiliary. I understand an Associate Member can never hold an elected Unit, Department, or National office nor can an Associate Member vote on any Department or National issue or Membership Applications or Election of Officers.

Applicant's Signature: _____

Address: _____

City & State: _____

Zip Code + 4 digit Extension ___ ___ ___ ___ ___ + ___ ___ ___ ___

Telephone: Home (_____) _____ Work (_____) _____

Email: _____

AUXILIARY RECRUITER: _____ MEMBERSHIP ENROLLMENT DATE: _____
(Current Auxiliary Member)
ORIGINAL – UNIT 1 COPY – NATIONAL 1 COPY – DEPARTMENT

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