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.