



MARINE CORPS LEAGUE AUXILIARY, INC.

Application for membership of _____

Date _____

I herewith make application for membership in the

_____ Unit, Department of _____

BASIS OF ELIGIBILITY: (circle one) Wife, Widow, Mother, Sister, Daughter, Grandmother, Granddaughter, Stepmother, Stepdaughter, Daughter-in-law, Aunt, Niece, Mother-in-Law, Sister-in-Law or Woman Marine (Former, Active or Reserves) of _____ (name), a Marine or U.S. Navy FMF Sailor who has earned the FMF Device or FMF Ribbon (circle one), who does/does not (circle one) belong to _____ (name) Detachment of the Marine Corps League.

Mustering in date _____ Place _____

Mustering out date _____ Place _____

Deceased date _____ Place _____

Have you ever belonged to the MARINE CORPS LEAGUE AUXILIARY before? _____

If so, what Unit? _____ Department of _____

Date last dues were paid? _____ in _____ Unit

AUXILIARY RECRUITER _____
(Auxiliary Member)

(Applicant's Signature)

Eligibility checked: DD214 _____

Honorable Discharge _____

Other _____

Address _____

Phone _____

Email _____

Date of Birth _____

Date Accepted by Unit _____

ORIGINAL – UNIT 1 COPY – NATIONAL 1 COPY – DEPARTMENT