

**MARINE CORPS LEAGUE AUXILIARY,  
INC. NATIONAL CREDENTIAL and  
REGISTRATION FORM**

Unit: \_\_\_\_\_ Unit Strength: \_\_\_\_\_ Delegates Allowed: \_\_\_\_\_  
(To be verified by the Nat'l Secretary or the Registration Chair)

Unit City/State: \_\_\_\_\_ Dept: \_\_\_\_\_ Division: \_\_\_\_\_

Convention Location: \_\_\_\_\_ Date: \_\_\_\_\_

Delegates and Alternates to the National Convention shall be determined based on Unit membership strength reported to and on record with National Headquarters on July 1<sup>st</sup> immediately preceding each National Convention. The Delegate voting strength of each Unit shall be as follows: For the first fifteen (15) Regular members, one (1) Delegate and one (1) Alternate; for each additional full block of fifteen (15) Regular Members, one (1) Delegate and one (1) Alternate; for a partial number of fifteen (15) members, one (1) Delegate and one (1) Alternate. Only members in good standing are eligible for election as a Delegate or Alternate Delegate (based on membership as of June 30). **All those attending the National Convention must be registered. PLEASE PRINT LEGIBLY.**

Del / Alt / Member/ Associate or Guest	Name	City, State	Office Held (if applicable)	Amount Paid	Pre Reg Y / N
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				

Upon election, make one (1) copy and return immediately to **National Headquarters, c/o National Secretary,**

**PO Box 3038 Stafford, VA 22554-3038** no later than July 1, immediately preceding convention with a registration fee of \$5.00 per Delegate, Alternate or Member to have credentials prepared in advance.

**Please Note:** The cost for registration after July 1 and at Convention will be \$6.00 per Delegate, Alternate or Member. Registrations presented at the convention will be processed in the order received and may not be immediately available.

\_\_\_\_\_  
Unit President

Attest: \_\_\_\_\_  
Unit Treasurer

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Date Received: \_\_\_\_\_

\_\_\_\_\_  
Nat'l Secretary / Registration Chair