



Application for membership of _____
(Print Name)

MARINE CORPS LEAGUE AUXILIARY, INC.

Date _____

I herewith make application for membership in the _____
Unit, Department of _____

BASIS OF ELIGIBILITY: (circle one) Wife, Widow, Mother, Grandmother, Stepmother, Sister, Daughter, Granddaughter,
Stepdaughter, Daughter-in-law, Aunt, Niece, Mother-in-Law, or Sister-in-Law of _____,
(Name of Marine, FMF Corpsman, Navy Chaplain, or Korean Era Marine)
a Marine, FMF Corpsman, FMF Navy Chaplain or Korean Era Marine (circle one), eligible to belong to the Marine Corps League,
who does/does not (circle one) belong to _____ of the Marine Corps League,
(Name of Detachment)
and Women Marines (circle, if applicable). I do/do not (circle one) wish to become a Dual Member in this Unit.

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 _____ (Current Auxiliary Member) _____ (Applicant's Signature)
Eligibility checked: DD214 _____ Address _____
Honorable Discharge _____ Phone _____
Other _____ Email _____
Date Accepted by Unit _____



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