



**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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