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? __________________________ Department of ______

If so, what Unit? __________________________

Date last dues were paid? ______________ in __________________________ Unit

AUXILIARY RECRUITER __________________________

Eligibility checked:  DD214 __________________________

Honorable Discharge __________________________________________

Other __________________________________________

Date Accepted by Unit __________________________

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