



Application for membership of _____

MARINE CORPS LEAGUE AUXILIARY, INC.

Date: _____

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

BASIS OF ELIGIBILITY: (Please circle) Wife Widow Mother Grandmother Sister
Daughter Granddaughter Stepmother Stepdaughter – women Marines, Former, Active,
Reserves

Of _____, a Marine, who does/does not belong to

_____ Marine Corps League,
(Name of Detachment)

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 _____

(Applicant's Signature) _____

Address: _____

Eligibility checked: DD214 _____

Honorable Discharge _____

Other _____

Phone: _____

Email: _____

Date Accepted: _____