



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 or Woman Marine (Former, Active or Reserves) of \_\_\_\_\_, a Marine or FMF Corpsman (circle one), who does/does not (circle one) belong to \_\_\_\_\_ (Name of Marine or FMF Corpsman) \_\_\_\_\_ Detachment of the 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 \_\_\_\_\_ (Current Auxiliary Member) \_\_\_\_\_ (Applicant's Signature)  
Eligibility checked: DD214 \_\_\_\_\_  
Honorable Discharge \_\_\_\_\_ Address \_\_\_\_\_  
Other \_\_\_\_\_  
Date Accepted by Unit \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

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