

ASSOCIATE MEMBER

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**MARINE CORPS LEAGUE AUXILIARY, INC.  
APPLICATION FOR ASSOCIATE MEMBERSHIP**

Application for membership of \_\_\_\_\_

(Print Applicant's Name)

I herewith make application for membership in the following Unit: \_\_\_\_\_

(Print Unit's Name)

\_\_\_\_\_ Department of \_\_\_\_\_

(Print Dept. if applicable)

By signing this Application, I agree to and understand the following provision 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 Elections of Officers.

Applicant's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip Code + 4 Digit Extension \_ \_ \_ \_ - \_ \_ \_ \_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

Membership Enrollment Date: \_\_\_\_\_

Applicant's Recruiter: \_\_\_\_\_ Division \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

ORIGINAL - UNIT

1 COPY - NATIONAL

1 COPY - DEPARTMENT

ENCLOSURE #30