



Application for membership of (print) _____

MARINE CORPS LEAGUE AUXILIARY, INC



Date: _____

I herewith make application for membership in the

Badger Detachment

BASIS OF ELIGIBILITY:

- Wife Widow Mother Grandmother Sister
- Daughter Granddaughter Stepdaughter Woman Marine Former
- Active Reserves

of (Marine's Name) _____, a Marine, who does/does not (circle one) belong to (Name of Detachment) Badger Detachment of the Marine Corps League.

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: _____

Other _____

Address _____

Phone: Area Code _____

Prefix _____

Suffix _____

Date accepted by Unit _____

ORIGINAL - UNIT

1 COPY - NATIONAL

1 COPY - DEPARTMENT

ASSOCIATE MEMBER

ASSOCIATE MEMBER

ASSOCIATE MEMBER



MARINE CORPS LEAGUE AUXILIARY, INC



APPLICATION FOR ASSOCIATE MEMBERSHIP

Application for Membership of (print applicant name)

I hereby make application for membership in the following Unit (print name)

Department of (print Dept if applicable)

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 and 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 (must be included)

Home Phone: Area Code

Prefix

Suffix

Work Phone: Area Code

Prefix

Suffix

Membership Enrollment Date:

ORIGINAL - UNIT 1 COPY - NATIONAL 1 COPY - DEPARTMENT