



Application for membership of _____
(Print Name)

MARINE CORPS LEAGUE AUXILIARY, INC.

Date _____

I herewith make application for membership in the **Big D** Unit, Department of **Texas**

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 _____

Phone _____ Date Accepted by Unit _____ Email _____