

**Marine Corps League Auxiliary, Inc.
Application for Membership**

Mail Form to:
June McJunkin
300 S. Lawrence Ave.
Yuba City, CA

Name of Applicant – Example:
Mary Smith, not Mr.s. Mary Smith)

Date of Application

I HEREWITH MAKE APPLICATION FOR MEMBERSHIP in the

_____ Unit, Department of _____

BASIS OF ELIBILITY () Wife () Widow () Mother () Sister () Daughter

of _____ Who does/does not (Circle one) belong to _____
Name of MCL Detachment

Mustering in date _____ Place _____ Mustering out date: _____ Place _____

Deceased _____
Date _____ Place _____

Have you ever belonged to the MARINE CORPS LEAGUE AUXILIARY before? Y N (Circle one)

If so, what Unit _____ Department of _____

Date last dues were paid _____ in _____ Unit

MCLA Use Only

Membership Dues _____

Date Accepted _____

Original – Unit Duplicate – Nat'l Hq Triplicate – Dept.

Applicant's Signature

Street Address _____

City, State Zip _____

Email _____

