

**MARINE CORPS LEAGUE AUXILIARY, INC**  
**APPLICATION FOR MEMBERSHIP**  
(Please print all entries clearly)

Type of Application - New  Renewal  Member #: \_\_\_\_\_ Date : \_\_\_/\_\_\_/\_\_\_

I herewith make application for membership in the

MIZZOU MARINE AUXILLIARY UNIT, Department of Missouri

BASIS OF ELIGIBILITY: (Please Circle) Wife Widow Mother Grandmother Sister Daughter Stepmother  
Stepdaughter of \_\_\_\_\_ a Marine, who does/does not belong to the  
MIZZOU MARINE Detachment of the Marine Corps League.

Women Marines - Former Active Reserve

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

Sponsor: \_\_\_\_\_ Applicant: \_\_\_\_\_

Eligibility Checked: DD214: \_\_\_\_\_ Honorable Discharge: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Phone: \_\_\_\_\_

Your E-mail: \_\_\_\_\_

Upon completion of application, turn in to your unit sponsor or to:

**MIZZOU MARINE AUXILIARY UNIT**

**MARINE CORPS LEAGUE**

**P.O. BOX 1371**

**COLUMBIA, MO 65205-1371**