



**MARINE CORPS LEAGUE
APPLICATION FOR ASSOCIATE MEMBERSHIP**

Type of Application - New Renewal Member #:

Name: _____

Address: _____

Organization: _____ Title: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Your Phone: _____ Your E-mail: _____

I hereby enclose \$31.00 for one year's membership in the Marine Corps League as a member of the Tri-Cities TN Detachment #969 All memberships include 1-year subscription to the MARINE CORPS LEAGUE MAGAZINE

I hereby certify that as an Associate Member of the Marine Corps League that I espouse the principles and purposes for which the Marine Corps League was founded. I understand that as an Associate Member of the Marine Corps League I will not be permitted to hold elective office or to vote on matters relating to Marine Corps League policy, membership applications or election of officers. All other benefits and privileges of membership inure to Associate Members.

Applicant's Signature

[Sponsor-where applicable]

Upon completion, send this form to:

Jack W. Larkey, Paymaster
Tri-Cities TN Det. #969 MCL
2413 Stewart St.
Johnson City, TN 37601