



MARINE CORPS LEAGUE AUXILIARY, INC.
APPLICATION FOR ASSOCIATE MEMBERSHIP

Application for Associate Membership of _____

(Print Applicant's Name)

I hereby make application for membership in the following Unit: Tri-Cities of TN, MCLA

Department of Tennessee

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 an 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: _____ DOB: ____/____/____

Address: _____

City & State: _____

Zip Code + 4 digit extension: _____ - _____

Telephone: Home (____) _____ Work (____) _____

(Must include Area Code)

Membership Enrollment Date: _____

Mail to: Jacqueline Reedy, Treasurer

104 Newt Wheelock Road

Jonesborough, TN 37659