



MARINE CORPS LEAGUE AUXILIARY



INTERNAL BONDING INFORMATION

Bond Premium Payment - \$ 3.50 per year (Payment of the Premium of \$ 3.50 for each Unit and each Department is due and payable August 31 of each year.)

UNIT/DEPARTMENT _____

Current Year _____

Officer's Position: PRESIDENT

Name _____

Address _____

Officer's Position: TREASURER

Name _____

Address _____

Officer's Position: _____

(May not be the Judge Advocate. This is only required if the Unit desires a third signature on the bank account.)

Name _____

Address _____

Attested to by Retiring Officers:

President _____

Secretary _____

NOTE: Please complete the above form as soon as the information is available. Mail all copies immediately, with payment, to the Department Treasurer (where a Department exists). The Department Treasurer will keep one copy for Department files and forward the remaining two (2) copies to National Headquarters. Upon receipt at National Headquarters, it will be acknowledged and signed and one (1) copy will be returned to you for your files.

Check Number _____ Received _____ Effective Date: Through August 31, _____

Acknowledged by _____

Original and two (2) copies required. 1 copy for Unit files, 1 copy for Department files and 1 copy for National Headquarters.

Rev. 8/95

PLEASE PRINT LEGIBLY OR TYPE