



MARINE CORPS LEAGUE AUXILIARY, Inc.
Membership Transfer Form

MEMBER NAME _____

This is to certify that the above named member has paid all dues to (date) _____ and is a member in good standing of the _____ Unit, Department of _____.

Her admission to any Unit of the Organization is recommended.

Offices Held: National _____
Department _____
Unit _____

Transferring from: Unit _____
Department _____

Transferring to: Unit _____
Department _____

Signed: _____ Date: _____
(President)

Signed: _____ Date: _____
(Treasurer)

Signature of Member requesting transfer: _____

Address: _____ State _____ Zip _____

Phone No. _____ Date _____

Original application for membership to be forwarded to the Gaining Unit. Original Transfer form to the Gaining Unit, with copies to: Losing Unit, Department Treasurer and National Headquarters. This transfer is to be used prior to membership expiration date; otherwise it becomes a discharge from the Organization.

REV 08/09



MARINE CORPS LEAGUE AUXILIARY, Inc.
Membership Transfer Form

MEMBER NAME _____

This is to certify that the above named member has paid all dues to (date) _____ and is a member in good standing of the _____ Unit, Department of _____.

Her admission to any Unit of the Organization is recommended.

Offices Held: National _____
Department _____
Unit _____

Transferring from: Unit _____
Department _____

Transferring to: Unit _____
Department _____

Signed: _____ Date: _____
(President)

Signed: _____ Date: _____
(Treasurer)

Signature of Member requesting transfer: _____

Address: _____ State _____ Zip _____

Phone No. _____ Date _____

Original application for membership to be forwarded to the Gaining Unit. Original Transfer form to the Gaining Unit, with copies to: Losing Unit, Department Treasurer and National Headquarters. This transfer is to be used prior to membership expiration date; otherwise it becomes a discharge from the Organization.

REV 08/09