



MARINE CORPS LEAGUE AUXILIARY, Inc.
TRANSFER FORM

MEMBER'S 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 into any Unit of the Organization is recommended.

Offices Held: National _____
Department _____
Unit _____

TRANSFERRING OUT OF: _____ UNIT
DEPT. _____

TRANSFERRING INTO: _____ UNIT
DEPT. _____

Signed: _____ Date: _____
(President)

Signed: _____ Date: _____
(Treasurer)

Signature of Member requesting transfer: _____

Date: _____

Original application for membership is to be forwarded to gaining Unit. Copy of Transfer Form to: (1) Gaining Unit, (2) Losing Unit, (3) Department Treasurer and (4) National Headquarters. This transfer is to be used prior to member's expiration date; otherwise it becomes a discharge from the Organization.