

## Associate Membership Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SS # or Membership #: \_\_\_\_\_

Phone Number: \_\_\_\_\_



Type of Application:     New     Renewal     Life (Associate Membership fee must have been paid for current year)

### Life Membership Dues

AGE GROUP	As of JAN. 2007
0 - 35	\$400
36 - 40	\$350
41 - 50	\$350
51 - 60	\$250
61 - Over	\$125

To become a Life Member, you must be already be a PAID Regular Member in Good Standing.

**I hereby apply for Associate Membership in the Marine Corps League and enclose \$36.00 for one (1) year's membership. (Includes free subscription to "Marine Corps League Magazine")**

*Applicant's signature* \_\_\_\_\_ *Sponsor:* \_\_\_\_\_

Oath of Membership, Associate Members:

I, \_\_\_\_\_, in the presence of Almighty God, being fully aware that as an Associate Member I will not be permitted to hold an elective office or to vote on Marine Corps League policy, a membership application or an election of officers, do solemnly swear that I will uphold and defend the Constitution and laws of the United States of America and of the Marine Corps League. I will never knowingly deceive, or defraud the League to the value of anything. I will never knowingly wrong or inquire or permit any member of any member's family to be wronged or injured if to prevent the same is within my power. I will never propose for membership one known to me as unqualified or unworthy to become a member of the League. I further promise to govern my conduct in the League's affairs and in my personal life in a manner becoming a decent and honorable person and will never knowingly bring discredit to the League, So help me, God.

*Signature* \_\_\_\_\_

**Membership application: Send to: Marine Corps League, c/o Jack LaBrecque, P.O. Box 281, Stratford, CT 06615-0281  
Checks made out to: Marine Corps League**

**If you have been a member of the Armed Forces of the United States of America, please provide a copy of your DD-214 or Certificate of Discharge.**