



**MARINE CORPS LEAGUE OUTER BANKS DETACHMENT 1264
APPLICATION FOR ASSOCIATE MEMBERSHIP**

(Please print all entries clearly)

Type of Application - New [] Renewal []

Member #: _____

Date of Application: ____/____/____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Date of Birth: ____/____/____ Age: _____

Title: _____

() I hereby apply for Associate Membership in the Marine Corps League and have attached my check [\$30] for first year dues. All memberships include 1-year subscription to MARINE CORPS LEAGUE MAGAZINE.

I hereby certify that as an Associate Member of the Marine Corps League, that I espouse the principles and purposes for which the Marine Corps League was founded. I understand that as a Associate Member of the Marine Corps League, I will not be permitted to hold elective office or to vote on matters relating to Marine Corps League policy, membership applications or the election of officers. All other benefits and privileges inure to Associate Members.

Applicant's Signature

All applications and documents should be mailed to:

**Marine Corps League Outer Banks Detachment 1264
Adjutant/Paymaster
Robert Messinger Sr.
518 Harbour View Drive
Kill Devil Hills, NC 27948-8633**