

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

Type of Application: New Renewal	Dual	Date:
Name:		
Address:		
City:	State:	Zip Code:
Phone Number:	E-Mail:	
Have you ever been convicted of a felony? Yes If "Yes" is checked, your signature on, and submission under the Privacy Act and disclose the nature of the fel		ership constitutes your agreement to waive your rights n of membership in the Marine Corps League.
Date of Birth:		
Marine Corps League was founded. I understan	nd that as an Associate Mo atters relating to Marine Co	espouse the principles and purposes for which the ember of the Marine Corps League, I will not be rps League policy, membership applications or the pers.
I hereby apply for membership in the Marine Coincludes a one-year subscription to MARINE CORI		Detachment and understand that my membership
I have included my check for \$35 which included	udes my application fee and	l first year membership dues.
Upon acceptance, I also acknowledge the fe	ollowing Oath of Membe	rship:
Corps League, here assembled, being fully aware or to vote on Marine Corps League policy, a mer uphold and defend the Constitution and Laws of knowingly wrong or injure, or permit any memb	e that as an Associate Mem nbership application, or an the United States of Amer er, or any member's family my conduct in the Leagu	Almighty God and the members of the Marine ber, I will not be permitted to hold elective office, election of officers, do solemnly swear, that I will ica and of the Marine Corps League. I will never to be wronged or injured, if to prevent same is e's affairs and in my personal life, in a manner scredit to the League, so help me God
		Applicant's Signature
Mail completed application to:	Marine Corps L	eague Outer Banks Detachment 1264

Attention: Paymaster
Post Office Box 2332
Kitty Hawk, North Carolina 27949-2332