

*Military Order of Devil Dog Fleas
Application for Membership*

Name in Full _____

Address _____ *City, State, Zip +4* _____

Email address _____ *Phone* _____

I am a member in good standing of the _____ *Unit*

Department of _____ *Marine Corps League Auxiliary*

Date of Application _____ *Signature* _____

Accepted by _____ *Date* _____

Dates of Initiations: Unit _____ *Department* _____ *National* _____

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