

*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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