

**Marine Corps League of Pennsylvania, Inc**  
**2011 – 2012 Staff Contact Data**

**PLEASE PRINT/TYPE**

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

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

Office/Committee: \_\_\_\_\_

**Return to the Department Adjutant ASAP!**

If your contact information changes, please complete a new form  
and forward to the Department Adjutant

Date received by Department Adjutant: \_\_\_\_\_