

## WHAT WE DO

Support Marines: Veterans, Active Duty, Family, and Each Other;

Support Veterans Legislation: Inform, write letters to support State and Congressional initiatives;

Support Youth & Community: Young Marines, Operation Little Angel. local outreach;

Support MCL Detachments: birthday balls, parades, memorials, fundraisers, conventions, family events;

Support Active Duty Marines: gift boxes, Wounded Warriors, families at home

## ACTIVITIES

VA Hospital Volunteers  
Nursing Homes

Child Welfare and Youth Programs  
Civic Affairs

Assistance to Elderly

Aiding Families of Veterans

Community Support

Patriotic Programs

Girl Scout Programs

Operation Little Angel

Educational School Programs

## THREE WAYS TO GET INVOLVED

Monetary contribution

Call me when needed

Full participating member



Rev.08/2009

## PURPOSE

### Patriotic:

To preserve the traditions and to promote the interests of the United States Marine Corps;

To maintain true allegiance to America institutions;

### Historic:

To hold sacred the history and memory of the men and women who have given their lives to this Nation;

To perpetuate the history of the United States Marine Corps and, by fitting acts, to observe the Anniversaries of historical occasions of particular interest to Marines;

### Fraternal:

To create a bond of comradeship between the Auxiliary and the Marine Corps League, Inc.;

To aid voluntarily and to render assistance to all Marines and former Marines, as well as to their families;

To help decorate the graves of all deceased Marines whenever and wherever possible;

### Educational:

To strive for the passage of legislation favorable to the Marine Corps League, Inc. and to the United States Marine Corps and its personnel;

To always foster love of honesty, Loyalty and Truth, and a reverence to our God, Our Country, Our Family and Our Home.

## ELIGIBILITY

Women Marines (former, active and reserves), Wives, widows, mothers, sisters, grandmothers, stepmothers, daughters, granddaughters, stepdaughters, daughters-in-law and aunts of a Marine or FMF Corpsman eligible to belong to the Marine Corps League, Inc. (not less than sixteen (16) years of age.)

Women not less than sixteen (16) years of age not meeting any of the above relationship requirements may join as associate Members.

# What Is The Marine Corps League Auxiliary?



Contact your local Unit

or

[www.nationalmcla.org](http://www.nationalmcla.org)

*A non-profit Veterans Organization*



Application for membership of \_\_\_\_\_ Date \_\_\_\_\_  
(Print Name)

**MARINE CORPS LEAGUE AUXILIARY, INC.**

I herewith make application for membership in the \_\_\_\_\_ MCLA Unit Department of \_\_\_\_\_

BASIS OF ELIGIBILITY: (circle one) Wife, Widow, Mother, Grandmother, Stepmother, Sister, Daughter, Granddaughter, Stepdaughter, Daughter-in-Law, Aunt or Woman Marine (Former, Active or Reserves)

of \_\_\_\_\_, a Marine or FMF Corpsman (circle one), who does/does not (circle one) belong to  
(Name of Marine or FMF Corpsman)

\_\_\_\_\_ Detachment of the Marine Corps League  
(Name of Detachment)

Mustering in date \_\_\_\_\_ Place \_\_\_\_\_  
Mustering out date \_\_\_\_\_ Place \_\_\_\_\_  
Deceased date \_\_\_\_\_ Place \_\_\_\_\_

Have you ever belonged to the MARINE CORPS LEAGUE AUXILIARY before? \_\_\_\_\_

If so, what MCLA Unit? \_\_\_\_\_ Department of \_\_\_\_\_

Date last dues were paid: \_\_\_\_\_ in \_\_\_\_\_ Unit

AUXILIARY RECRUITER \_\_\_\_\_ (Current Auxiliary Member) (Applicant's Signature)

Date new MCLA member accepted by Unit \_\_\_\_\_

Eligibility checked: DD214 \_\_\_\_\_ Applicant's Address \_\_\_\_\_  
Honorable Discharge \_\_\_\_\_ Applicant's Phone \_\_\_\_\_  
Other \_\_\_\_\_ Applicant's Email \_\_\_\_\_

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**MARINE CORPS LEAGUE AUXILIARY, INC.  
APPLICATION FOR ASSOCIATE MEMBERSHIP**

Application for Membership of \_\_\_\_\_  
(Print Applicant's Name)

I hereby make application for membership in the following MCLA Unit: \_\_\_\_\_  
(Print Name of MCLA Unit)

\_\_\_\_\_ Department of \_\_\_\_\_  
(Print Department if applicable)

By signing this Application I agree to and understand the following provisions of being an Associate Member of the Marine Corps League Auxiliary. I understand an Associate Member can never hold an elected Unit, Department, or National office, nor can an Associate member vote on any Department or National issue or Membership Applications or Elections of Officers.

Applicant's Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State \_\_\_\_\_

Zip Code + 4 digit extension \_\_\_\_\_ - \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Email \_\_\_\_\_  
(Must Include Area Code)

Auxiliary Recruiter: \_\_\_\_\_ Membership Enrollment Date: \_\_\_\_\_  
(Current Auxiliary Member)

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