

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



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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

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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