

Associate

Eligibility:

Regular Members - Wives, Widows, Mothers, Grandmothers, Sisters, Daughters, Granddaughters, Stepmothers, Stepdaughters, Daughters-in-Law, Aunts, Nieces, Mothers-in-Law, Sisters-in-Law; of a (current or former) Marine or a US Navy FMF Corpsman or FMF Navy Chaplain, eligible to belong to the MCL, Inc, and Women Marines. Must be over 16.

Associate Members – Women not meeting the above requirements may join as associate members. Must be over 16.

What We Do:

- Support Marines
- Support MCL Detachments
- Support Veterans Legislation
- Support Youth & Community
- Support Active Duty Marines

How:

- VA Hospital Volunteers
- Nursing Homes
- Child Welfare & Youth Programs
- Civic Affairs
- Assistance to Elderly
- Aiding Families of Veterans
- Community Support
- Patriotic Programs
- Girl Scout Programs
- Operation Little Angel
- Educational School Programs

We Are:

Patriotic: Preserving the traditions and promoting the interests of the United States Marine Corps; maintaining true allegiance to American Institutions.

Historic: Holding sacred the history and memory of the men and women who have given their lives to this Nation; perpetuating the history of the USMC by observing the anniversaries of historical occasions of interest to the Corps.

Fraternal: Creating camaraderie between the Marine Corps League and Auxiliary; voluntarily aiding and assisting Marines and Veterans as well as their families; decorating graves of deceased Marines whenever possible.

Educational: Striving for passage of legislation favorable to the USMC and MCL and its personnel.

*Always Fostering Love of Honesty,
Loyalty, Truth and a Reverence to our God,
our Country, Our Family and Our Home!*

Join Now!

Membership Application on Back
Get Involved – Volunteer – Recruit!

What is the Marine Corps League Auxiliary?



Contact Your Local Unit:

Or visit us at

www.nationalmcla.org

to learn more.



APPLICATION FOR ASSOCIATE MEMBERSHIP
MARINE CORPS LEAGUE AUXILIARY, INC

Application for Membership of _____

(Print Applicant's Name)

I hereby make application for membership in the following

Unit: _____ Department of _____
(Print Department if applicable)

I do/do not (circle one) wish to become a Dual Member in this Unit.

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 that 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 Election of Officers.

Applicant's Signature: _____
Address: _____
City & State: _____
Zip Code + 4-digit extension _____ - _____
Telephone: Home (____) _____ Cell (____) _____
Email _____
Date of Birth _____

AUXILIARY RECRUITER: _____ Membership Enrollment Date: _____
(Current Auxiliary Member)

ORIGINAL - UNIT 1 COPY - NATIONAL 1 COPY - DEPARTMENT
