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.

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**What 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!*

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**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

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**Join Now!**

Membership Application on Back

Get Involved – Volunteer – Recruit!

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What is the Marine Corps League Auxiliary?

Contact Your Local Unit:

_________________________

_________________________

Or visit us at

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

to learn more.
Application for membership of ______________________________ (Print Name)

MARINE CORPS LEAGUE AUXILIARY, INC.

I herewith make application for membership in the
__________________________ Unit, Department of ______

BASIS OF ELIGIBILITY: (circle one) Wife, Widow, Mother, Grandmother, Stepmother, Sister, Daughter, Granddaughter,
Stepdaughter, Daughter-in-law, Aunt, Niece, Mother-in-Law, or Sister-in-Law of ____________________________
(Name of Marine, FMF Corpsman, Navy Chaplain, or Korean Era Marine)
a Marine, FMF Corpsman, FMF Navy Chaplain or Korean Era Marine (circle one), eligible to belong to the Marine Corps League,
who does/does not (circle one) belong to ____________________________ of the Marine Corps League.
(Name of Detachment)
and Women Marines (circle, if applicable). I do/do not (circle one) wish to become a Dual Member in this Unit.

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 Unit? ______________________ Department of ______
Date last dues were paid? __________ in _______ Unit ______

AUXILIARY RECRUITER: ________________________________
(Current Auxiliary Member)
Eligibility checked: DD214 Honorable Discharge Other ______
Address: __________________________________________
Phone: __________________________________________
Email: __________________________________________

Date Accepted by Unit __________

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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 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 (_____) ___________ Work (_____) ___________
Email __________________________________________

AUXILIARY RECRUITER: ______________________________ Membership Enrollment Date: ________
(Current Auxiliary Member)

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