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.

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

What We Do:

- Support Marines
- Support MCL Detachments
- o 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
- o Aiding Families of Veterans
- Community Support
- o Patriotic Programs
- o 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.

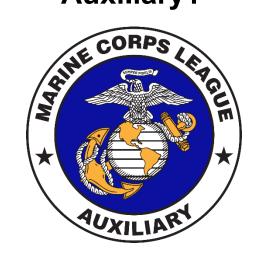
Always Fostering Love of Honesty, Loyalty, Truth and a Reverence to our God, our Country, Our Family and Our Home!

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 membership of

(Print Name)

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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 Marine, FMF Corpsman, Navy Chaplain, or Korean Era Marine (circle one), eligible to belong to the Marine Corps League, Motoreon Marines, FMF Corpsman, Navy Chaplain, or Korean Era Marine (circle one), eligible to belong to the Marine Corps League, Motoreon Marines (circle, if applicable). I do/do not (circle one) wish to become a Dual Member in this Unit. Mustering in date Mustering in date Mustering out date Deceased date Have you ever belonged to the MARINE CORPS LEAGUE AUXILIARY before? AUXILIARY RECRUITER (Current Auxiliary Member) Eligibility checked: DD214 Honorahie Discharce Circle one) Wife, Grandmonther, Stepmonther, Granddaughter, Granddaug	Unit, Department of r, Daughter, Granddaughter,
circle one) Wife, Widow, Mother, Grandn n-law, Aunt, Niece, Mother-in-Law, or Sis , FMF Navy Chaplain or Korean Era Mar one) belong to (Name of D (Name of D e, if applicable). I do/do not (circle one) wis Place Place Place Place In (Current Auxiliary Member) 2214	r, Daughter, Granddaughter,
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e, if applicable). I do/do not (circle one) wish to become a Dual Mer Place Place Place Place Place In in (Current Auxiliary Member)	(Name of Marine, FMF Corpsman, Navy Chaplain, or Korean Era Marine) ine (circle one), eligible to belong to the Marine Corps League, of the Marine Corps League.
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(Current Auxiliary Member)	
(Current Auxiliary Member)	Department of
(Current Auxiliary Member) 214	Unit
(Current Auxiliary Member) 2214	
DUZ14	(Applicant's Signature)
¥6	
Date Accepted by Unit	

APPLICATION FOR ASSOCIATE MEMBERSHIP MARINE CORPS LEAGUE AUXILIARY, INC

Application tor Membership of	(Print Applicant's Name)
I hereby make application for membersh	ication 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.	a Dual Member in this Unit.
By signing this Application, I agree to and League Auxiliary. I understand an Assoc	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 Departm	vote on any Department or National Issue or Membersnip Applications or Election of Officers.
Applicatit s signature:	
Address:	
City & State:	
Zip Code + 4-digit extension	
Telephone: Home ()	Work ()
Email	
AUXILIARY RECRUITER:	Membership Enrollment Date:

Rev 8/19

(Current Auxiliary Member)