



# ENCLOSURES

January 1, 2012

Revised: 8/2025



## MARINE CORPS LEAGUE AUXILIARY ENCLOSURES INDEX

<b>Encl #</b>	<b>Title of Enclosure</b>	<b>Page</b>
1	NATIONAL CREDENTIAL/REGISTRATION FORM	1
2	INTERNAL BONDING FORM	2
3	SEATING FOR NATIONAL CONVENTION	3
4	HALLOWED GROUND	4
5	LINE OF MARCH – NATIONAL	5
6	INSTALLATION AND ELECTED OFFICERS REPORT	6
7	APPLICATION FOR MEMBERSHIP – REGULAR MEMBERS	7
8	MEMBERSHIP TRANSFER FORM	8
9	HISTORIAN GUIDELINES	9-10
10	MEMORY BOOK FORM	11
11	GENERAL REPORT GUIDELINES	12-14
12	VALUATION OF DONATED ITEMS	15
13	AMERICANISM BOOK INSTRUCTIONS	16
14	AMERICANISM WORKSHEET	17
15	CHILD WELFARE WORKSHEET	18
16	CIVICS WORKSHEET	19
17	REHABILITATION WORKSHEET	20
18	CDCE WORKSHEET	21
19	TRANSMITTAL FORM WITH INSTRUCTIONS	22-25
20	UNIFORM & REGALIA COFED INVLUDING COVER/CAP	26-32
21	DEATH NOTIFICATION FORM	33
22	NATIONAL BOARD OF TRUSTEE ALLOWANCES	34
23	INSTRUCTIONS FOR COVER SHEET	35
24	DEPARTMENT TREASURER COVER SHEET	36
25	DEPARTMENT COVER SHEET FOR AMERICANISM, CHILD WELFARE, CIVICS, REHABILITATION, CDCE	37
26	UNIT COVER SHEET FOR AMERICANISM, CHILD WELFARE, CIVICS, REHABILITATION, CDCE	38
27	GIRL SCOUT GOOD CITIZENSHIP AWARD	39
28	GIRL SCOUT GOOD CITIZENSHIP CERTIFICATE (SAMPLE ONLY)	40
29	OATH OF OBLIGATION	41
30	MEMBERSHIP APPLICATION – ASSOCIATE MEMBER	42
31	CDCE CENTER FOR DEVELOPMENT AND CIVIC ENGAGEMENT	43
32	CDCE THE CDCE PROGRAM NEEDS YOU	44
33	CDCE JAMES H. PARKE MEMORIAL YOUTH SCHOLARSHIP AWARD	45
34	CDCE SERVICE AWARD	46
35	CDCE CERTIFICATION/RECERTIFICATION FORM SPECIFICATIONS	47
36	NATIONAL MCLA MEMORIAL FUND GUIDELINES	48
37	BANNER AND STANDARD SPECIFICATIONS	49
38	DUAL MEMBERSHIP APPLICATION	50
39	CHANGE OF ADDRESS	51
40	DIVISION VP REPORT OF ELECTION	52



## MARINE CORPS LEAGUE AUXILIARY, INC. NATIONAL CREDENTIAL and REGISTRATION FORM

Unit \_\_\_\_\_ Unit Strength: \_\_\_\_\_ Delegates Allowed: \_\_\_\_\_  
 (To be verified by the Nat'l Secretary or the Registration Chair)

Unit City/State: \_\_\_\_\_ Dept: \_\_\_\_\_ Division: \_\_\_\_\_

Convention Location: \_\_\_\_\_ Date: \_\_\_\_\_

Delegates and Alternates to the National Convention shall be determined based on Unit membership strength reported to and on record with National Headquarters on July 1<sup>st</sup> immediately preceding each National Convention. The Delegate voting strength of each Unit shall be as follows: For the first fifteen (15) Regular members, one (1) Delegate and one (1) Alternate; for each additional full block of fifteen (15) Regular Members, one (1) Delegate and one (1) Alternate; for a partial number of fifteen (15) members, one (1) Delegate and one (1) Alternate. Only members in good standing are eligible for election as a Delegate or Alternate Delegate (based on membership as of June 30). All those attending the National Convention must be registered. PLEASE PRINT LEGIBLY.

Del / Alt / Member / Associate or Guest	Name	City, State	Office Held (if applicable)	Amount Paid	Pre Reg Y / N
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Upon election, make one (1) copy and return immediately to **National Headquarters, c/o National Secretary, PO Box 3038 Stafford, VA 22554-3038** no later than July 1, immediately preceding convention with a registration fee of \$5.00 per Delegate, Alternate or Member to have credentials prepared in advance. **Please Note:** The cost for registration after July 1 and at Convention will be \$6.00 per Delegate, Alternate or Member. Registrations presented at the convention will be processed in the order received and may not be immediately available.

\_\_\_\_\_  
 Unit President Attest: \_\_\_\_\_  
Unit Treasurer

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Date Received: \_\_\_\_\_ \_\_\_\_\_  
Nat'l Secretary / Registration Chair



MARINE CORPS LEAGUE AUXILIARY INTERNAL



BONDING INFORMATION

Bond Premium Payment - \$ 3.50 per year (Payment of the Premium of \$ 3.50 for each Unit and each Department is due and payable August 31 of each year.) **SEND FORM WITH THE FIRST TRANSMITTAL.**

UNIT/DEPARTMENT \_\_\_\_\_

Current Year \_\_\_\_\_

Yearly Filing

Amended Filing for Change of Officers

Officer's Position: PRESIDENT

(no cost for amended filing)

Name \_\_\_\_\_

Address \_\_\_\_\_

Officer's Position: TREASURER

Name \_\_\_\_\_

Address \_\_\_\_\_

Officer's Position: \_\_\_\_\_

(May not be the Judge Advocate. This is only required if the Unit desires a third signature on the bank account.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Attested to by Retiring Officers:

President \_\_\_\_\_

Secretary \_\_\_\_\_

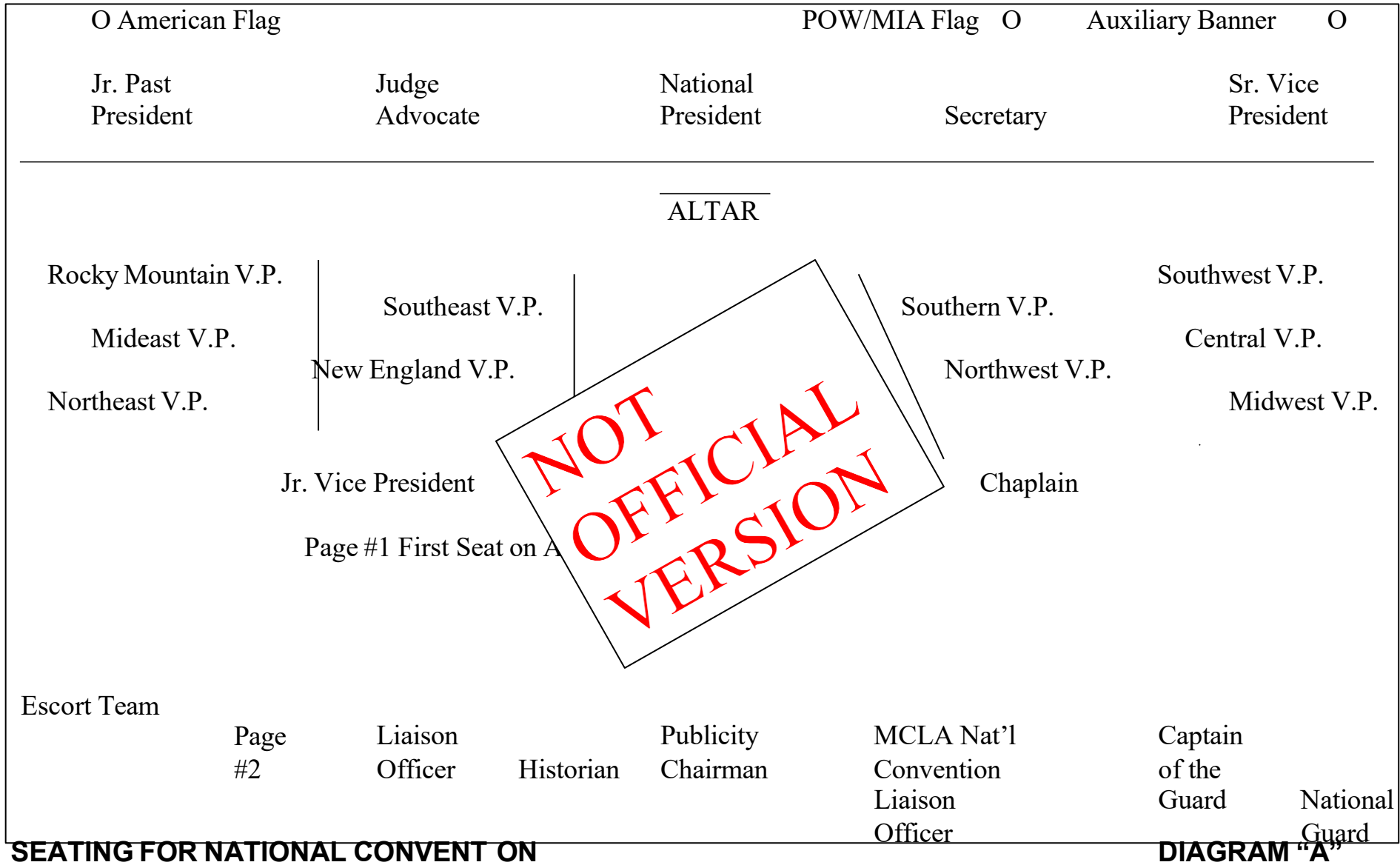
NOTE: Please complete the above form as soon as the information is available. Mail all copies immediately, with payment, to the Department Treasurer (where a Department exists). The Department Treasurer will keep one copy for Department files and forward the remaining two (2) copies to National Headquarters. Upon receipt at National Headquarters, it will be acknowledged and signed, one (1) copy will be returned to you for your files.

Check Number \_\_\_\_\_ Received \_\_\_\_\_ Effective Date: Through August 31, \_\_\_\_\_

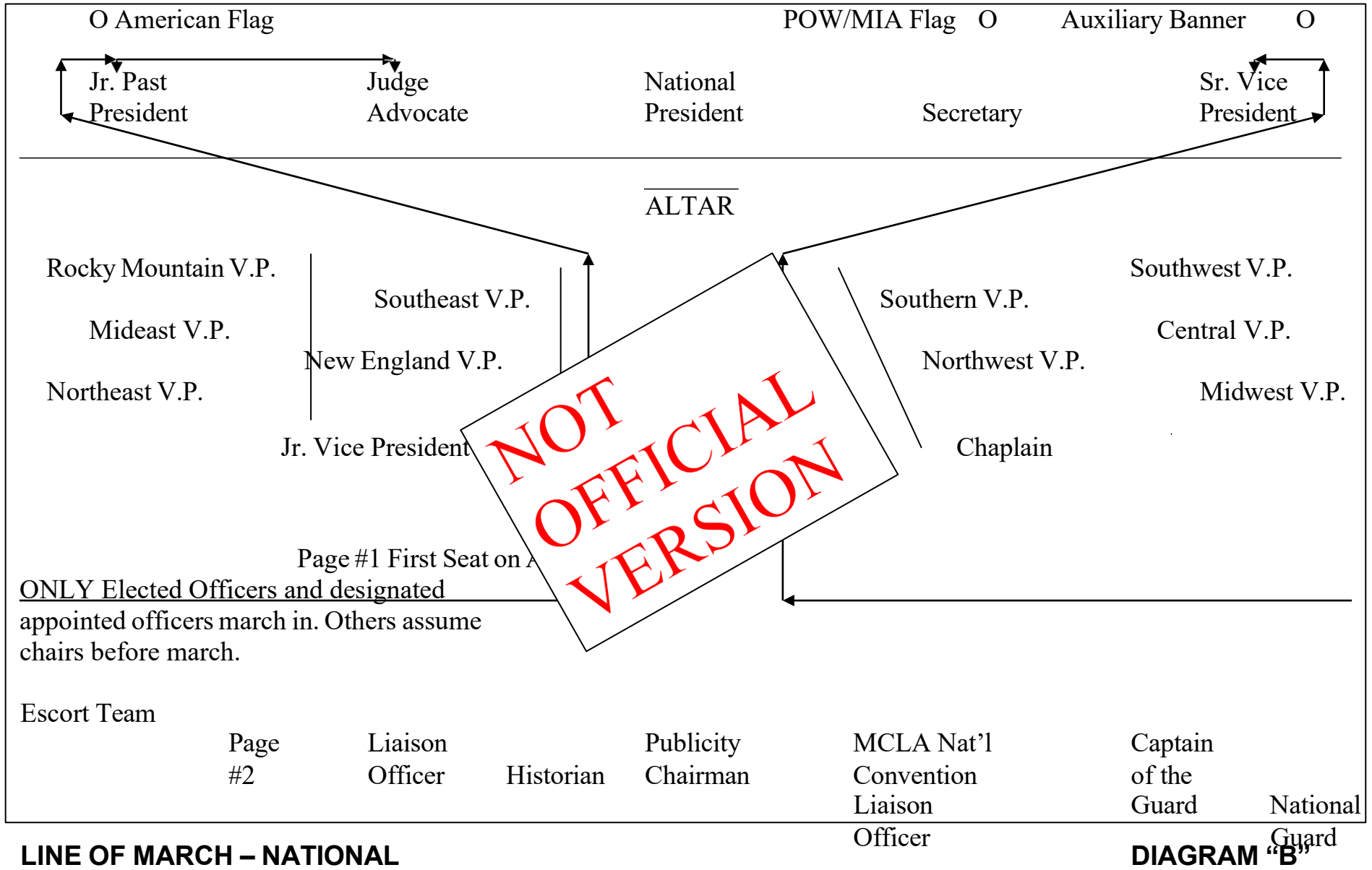
Acknowledged by \_\_\_\_\_

**Original and two (2) copies required.** 1 copy for Unit files, 1 copy for Department files and 1 copy for National Headquarters.

PLEASE PRINT LEGIBLY OR TYPE







(Rev. 8/02)



# Marine Corps League Auxiliary

## Report of Election and Installed Officers



Department/Unit \_\_\_\_\_ Date \_\_\_\_\_

E.I.N. \_\_\_\_\_ Last 990 Filing Date \_\_\_\_\_ Inc. Number \_\_\_\_\_

### OFFICERS

<p><i>PRESIDENT</i> _____</p> <p>Phone _____</p> <p>Email _____</p> <p><i>SR. VICE PRESIDENT</i> _____</p> <p>Phone _____</p> <p>Email _____</p> <p><i>JR. VICE PRESIDENT</i> _____</p> <p>Phone _____</p> <p>Email _____</p> <p><i>JUDGE ADVOCATE</i> _____</p> <p>Phone _____</p> <p>Email _____</p> <p><i>TREASURER</i> _____</p> <p>Phone _____</p> <p>Email _____</p> <p><i>SECRETARY</i> _____</p> <p>Phone _____</p> <p>Email _____</p> <p><i>CHAPLAIN</i> _____</p> <p>Phone _____</p> <p>Email _____</p> <p><i>CAPT. OF GUARD</i> _____</p> <p><i>AUDITOR #1</i> _____</p> <p><i>AUDITOR #2</i> _____</p> <p><i>AUDITOR #3</i> _____</p>	<p>Street _____</p> <p>City _____</p> <p>State _____ Zip _____ + _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip _____ + _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip _____ + _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip _____ + _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip _____ + _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip _____ + _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip _____ + _____</p> <p><i>HISTORIAN</i> _____</p> <p><i>COLOR BEARER</i> _____</p> <p style="text-align: right;"><i>BANNER BEARER</i></p> <p style="text-align: right;"><i>PUBLICITY</i></p>
---	---

### DEPARTMENT--DIVISION/DISTRICT VICE PRESIDENTS

South _____	City _____	State _____
East _____	City _____	State _____
North _____	City _____	State _____
West _____	City _____	State _____
Central _____	City _____	State _____

I certify that the bond to cover the President and Treasurer is in order and expires on August 31, \_\_\_\_\_

\_\_\_\_\_  
Signature of Retiring President

\_\_\_\_\_  
Signature of Installing Officer

- NOTE: It is the responsibility of the Installing Officer to:
1. Make sure the newly elected officers' dues are paid for their year of service
  2. Determine that the Department/Unit Bond has been paid for the year
  3. Ensure 990 has been filed within the last 12 months;
  4. Send copies of this form and IMMEDIATELY AFTER INSTALLATION to:
    - (1) National Division Vice President, (2) National Headquarters, (3) Department Secretary
    - (4) Unit Secretary, and (5) Installing Officer



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

**MARINE CORPS LEAGUE AUXILIARY, INC.**

Date: \_\_\_\_\_

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

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

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

belong to \_\_\_\_\_ 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 Unit? \_\_\_\_\_

Department of \_\_\_\_\_ Date last dues were paid? \_\_\_\_\_ in \_\_\_\_\_  
\_\_\_\_\_ Unit

AUXILIARY RECRUITER \_\_\_\_\_  
(Auxiliary Member)

\_\_\_\_\_  
(Applicant's Signature)

Eligibility checked: DD214 \_\_\_\_\_

Honorable Discharge \_\_\_\_\_

Other \_\_\_\_\_

Phone \_\_\_\_\_

Date Accepted by Unit \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

ORIGINAL – UNIT 1 COPY – NATIONAL 1 COPY – DEPARTMENT



## MARINE CORPS LEAGUE AUXILIARY TRANSFER FORM

MEMBER'S NAME \_\_\_\_\_

This is to certify that the above-named member has paid all dues to (date) \_\_\_\_\_ and is a member in good standing of the \_\_\_\_\_ Unit, Department of \_\_\_\_\_.

Her admission into any Unit of the Organization is recommended.

Offices Held: National \_\_\_\_\_  
Department \_\_\_\_\_  
Unit \_\_\_\_\_

TRANSFERRING OUT OF: \_\_\_\_\_ UNIT  
\_\_\_\_\_ DEPT.

TRANSFERRING INTO: \_\_\_\_\_ UNIT  
\_\_\_\_\_ DEPT.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(President)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Treasurer)

Signature of Member requesting transfer: \_\_\_\_\_

Date: \_\_\_\_\_

-----  
Original application for membership is to be forwarded to gaining Unit. Copy of Transfer Form to: (1) Gaining Unit, (2) Losing Unit, (3) Department Treasurer and (4) National Headquarters. This transfer is to be used prior to member's expiration date; otherwise, it becomes a discharge from the Organization.

## MARINE CORPS LEAGUE AUXILIARY

### INSTRUCTIONS FOR DEPARTMENT AND/OR UNIT HISTORIAN

Please read the instructions carefully and completely before you begin.

- A. All History Books will be in 3-ring binder with 8 ½" x 11 pages with approximately 1" margins using 12-point font in Times New Roman for text. Headlines shall be bold and 14 point.
- B. Both sides of each page must be used and numbered, with odd numbers on front of the sheets and even numbers on the back of the sheets.
- C. History Books should be brought to National Convention and turned in on the first day of the Convention. They will be judged on originality, neatness, clarity, and accuracy in following the given instructions. The books are the property of the respective Units/Departments and need to be reclaimed at the end of Convention.
- D. At the end of the Historian's term, the History Book is turned over to the successor. The new Historian will continue in the same book until it becomes a necessity to start a new book. A limited number of photos of officers, special events, or groups may be, but are not necessary, to be included. No newspaper clippings are to be put in the History Book. History Books are to be done annually going from year-to-year. Since information from the annual reports are included, you may want it to be the same, or from National Convention to National Convention. It must be year-to-year, regardless.

### MODEL OR EXAMPLE

- Page1            History – Name or Unit (or Department), Date, Compiled by: (Name of Historian)  
(Flyleaf)
- Page 2            Officers – With positions, names and addresses. Unit may also list Department Officers.  
Departments are to include name of each Officer's home Unit and office.
- Page 3            Installation – Include Installing Officers, ceremonies, date, time and place. Photos are sometimes used here.
- Page 4            Meetings – Include number per year, when and where held, as well as presiding officer.
- Page 5            Membership – Departments list name and address of each of the Units in the Department, along with names of Presidents. The Unit should list the names and address of each member. Each year you may refer back to the previous year, if the list is too long to repeat, but will use the same notebook. Indicate any alterations such as deaths, dropped members or transfers.

- Example:** Same as Page 5 of 1990 except for:
- a. Ann Smith who dropped membership
  - b. Betty Miller who passed away
  - c. Joan Rogers who transferred to ABC Unit.

New members added are:

- a. Roma Bartlett of 10 Main Street, Anytown
- b. Sally White of 20 Main Street, Anytown

We now have a Total of 111 members.

Page 6 Hospital – Chairperson’s name or CDCE Representative’s name, name of the hospital affiliated with the Unit, name of workers and number of hours each contributed, as well as any special social events. Departments are to compile reports of Units listing same as above as well as any Department CDCE Representatives or Hospitals affiliated with the Department.

Page 7 Rehabilitation – Name of Chairperson and brief description of the program for the year as compiled in your report.

Civics – Name of Chairperson and brief description of the program for the year as compiled in your report.

Child Welfare and Youth Activities - Name of Chairperson and brief description of the program for the year as compiled in your report.

Americanism – Name of Chairperson and brief description of the program for the year as compiled in your report.

Page 8 Awards - Name of the Award, who received it and for what it was received. Indicate any projects involved.

Page 9 Annual Department Convention - Place, time and events. **Departments** list the names of the delegates and members attending, along with the name of the Unit each person represents. List the total number attending, including guests. **Units** list their delegates and members attending. You may list Department officers here. List the total number attending, including guests. **National Convention** - Place, time and events. List the names of the delegates and members of Units or Department attending. You may list National officers here. List the total number attending, including guests.

Page 10 Memorial and Special Day Observances - Brief description of each.

Page 11 Comments of Historian - Along with signature, this is the final sheet (Rev. 08/21)



**MARINE CORPS LEAUGE AUXILIARY  
MEMORY BOOK FORM**



Department/ Unit: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Number of Members \_\_\_\_\_

(Point system used for judging: 1 through 5, (5 being best) with the possibility of 55 points total)

MCLA logo should be included on cover and /or title page \_\_\_\_\_

Book must be properly identified: Unit/Department name, location, etc. \_\_\_\_\_

Book must be neat \_\_\_\_\_

Book should be photo album or scrapbook variety and not exceed 13"x15" \_\_\_\_\_

This form included in the front of the book \_\_\_\_\_

Table of Contents listed in chronological order \_\_\_\_\_

Example:

<u>Name of Event</u>	<u>Included</u>	<u>Pages</u>
Unit Installation	Photos, news media	1, 2, 3 or 1-3

Identify all photos as to event, name persons (who, what, where, when, why) \_\_\_\_\_

Try to have at least one MCLA member in each photo \_\_\_\_\_

Embellishments may be used but must not distract from content \_\_\_\_\_

Include only events sponsored by Unit/Department (no weddings, showers, etc.) \_\_\_\_\_

Photos should be included, if possible, when news media is included \_\_\_\_\_

Total \_\_\_\_\_

MEMORY BOOKS REPRESENT A VISUAL ACCOUNT OF MCLA RELATED EVENTS, ACHIEVEMENTS, AND PROJECTS...THEY NEED NOT BE FRILLY OR FANCY.

***The book is to be submitted by end of Tuesday business session at the National Convention.***

## MARINE CORPS LEAGUE AUXILIARY GENERAL REPORT GUIDELINES

### A. GENERAL GUIDELINES FOR ALL REPORTS:

1. Three (3) copies are to be made – one (1) for Unit files; one (1) for Department files; one (1) for National.
2. It is the responsibility of the Unit Chairman to prepare and mail two (2) copies of her report to the Department Chairman (where a Department exists) thirty days prior to the Department Convention. If no Department exists, the Unit Chairman should send one (1) copy of her report to the National Chairman by July 1.
3. It is the responsibility of the Department Chairman to compile all Unit reports and record the information on the Cover Sheet. She should only forward one (1) copy of the Cover Sheet to the National Chairman by July 1.
4. The National Chairman meets with her Committee at the National Convention for the judging of reports for citations or awards. Judging is based on accuracy, neatness and clarity of forms. See individual guidelines for specific directions.
5. Check your totals carefully for accuracy.
6. Fill in ALL blanks. Write NA, put a zero (0) or dash (-) on lines that do not apply to the report for your Unit/Department. If your Unit/Department does not participate in a particular activity (CDCE, Rehabilitation, etc.) write “No Activity” or “No Report” on the face of the form. It is not necessary then to fill each blank with a dash or zero. Send your report to the proper Chairman, even if you show no activity. It is not known if your report is lost or if you are not active in an area unless your form is received. National Headquarters must report all work and donations to Congress annually. Your reports are important!
7. Volunteers:
  - a. Each time one performs a duty one is counted as a volunteer.  
Example: Jane volunteers six (6) times, so Jane is counted as six (6) volunteers.
  - b. Non-Auxiliary members may donate their volunteer time to a Unit or member, providing that time is not counted for another organization. His/her name should appear on the report form with an explanation.
  - c. You cannot report work done for family members, even if they are veterans. You do this work because they are family. If your Unit does work for your family, the Unit may take credit for the work done.
8. Hours:
  - a. Volunteer time must be explained on each individual report form according to the questions asked.
  - b. There is no monetary value for hours of volunteer work.
  - c. Include preparation time for food and driving time to and from an activity.
9. Value:
  - a. This is the actual money or donated goods for a sponsored activity.
  - b. Money given where a product is received in return:  
Example: Girl Scout Cookies cannot be considered a donation.  
Only monetary contributions are counted as donations.

**B. AMERICANISM REPORT:**

1. Report all activities that perpetuate American ideals and uphold the principles of American democracy. Americanism work is largely educational in character and pertains to all matters relating to the flag or patriotic education.
2. This includes work done with children or adults.
3. Flags must be displayed where the general public can see them easily. Flag sets on a desk in an office do not count.
4. Money spent for purchase of flags, prizes in essay contests, wreaths, etc., should be totaled on line 10.

**C. CHILD WELFARE AND YOUTH ACTIVITIES REPORT:**

1. Report all activities done to enhance the well-being of children.
2. Work done with Young Marines is included on this report.
3. Include work with youth groups such as Scouts, Sunday School or teacher's aide, if you did not receive a wage (paycheck).
4. Donations to organizations that specialize in helping children should be listed on the Civics Report.

**D. CIVICS REPORT:**

1. Report on activities done for adults who are not veterans. Hours, money and clothing donated to worthy causes should be reported here, unless it is to a veteran's organization.
2. Report assistance given by driving people to doctor's office, hospital, drug store or grocery store. Report work with Meals on Wheels, visiting hospitals, homes, nursing homes.
3. Do not report activities or donations given by you to your own family members.
4. Church work and volunteer time with a choir is reported here.
5. Report time and miles driven.
6. Report work done in civilian hospitals.

**E. REHABILITATION REPORT:**

1. Report all work done specifically for veterans and their families. Include time and miles driven.
2. Report assistance given driving a veteran and/or his/her family to doctor's office, hospital, drug store or grocery store. Include visits to veterans in their homes, hospital, nursing home or state-funded Veterans' Center or Soldiers & Sailors Home.
3. Again, you cannot take credit for hours or money given to your personal family members. Other members of your Unit can report time or money given to your family members.
4. Report work done in nursing homes that is specifically done for veterans.

**F. CDCE HOSPITAL REPORT:**

1. Report all activities and donations given to Federally funded Veterans' Administration Medical Centers. This includes volunteer time such as in the Canteen or Library and all items donated (clothing, books, magazines).
2. Include miles driven to and from the VA facility and preparation/serving time for food made or brought.
3. Report activities with veterans in nursing homes on a VA contract. The nursing home can provide this information.

**MARINE CORPS LEAGUE AUXILIARY  
VALUATION OF DONATED ITEMS**

The following are suggested values to be placed on donated used clothing:

Bathrobes	\$ 6.00	Jackets	\$ 9.00	Slacks (Men)	\$ 8.00	Tee Shirts	\$ 4.00
Bed jackets	3.00	Jeans	5.00	(Ladies)	7.00	Thermal	
Belts, suspenders	3.00	Nightgowns	5.00	Slippers	3.00	wear	3.00
Blouses	5.00	Pajamas	5.00	Socks (pr)	1.00	Ties	3.00
Boots	7.00	Purse	3.00	Sport Coats	10.00	Tuxedo	25.00
Caps	3.00	Raincoats	7.00	Suits	20.00	Underwear	2.00
Coats	15.00	Scarves	3.00	Sweaters	10.00	Vests	2.00
	0						
Dresses	8.00	Shirts	5.00	Sweatpants	4.00	Wallet	3.00
Gloves, mittens	4.00	Shoes	5.00	Sweatshirts	4.00	Workpants	6.00
Handkerchiefs	1.00	Shorts	5.00	Swimsuit	5.00		
Hats	4.00	Shirts	5.00	Swim Trunks	4.00		

All wearing apparel must be in good condition. Children's items should be used at approximately the same values as above.

Suggested values for donated hospital items:

Afghans/Quilts	\$100.00	Knee warmers	\$ 3.50	Wheelchair	\$ 50.00
Amputee Stump		(knitted)		Arm pads	4.00
Covers	3.50	Neck Warmer	12.00	Bags	7.00
Ankle Warmers	2.00	Pillows, Neck	10.00	Caddies	10.00
Bibs (feeding)	5.00	Scuffies	2.50	Cushions	12.00
(trachea)	6.50	Slipper socks	4.00	Lap blanket	35.00
Catheter Bag Covers	2.00	Stress balls	1.00	Lap Robe	
Ditty Bags (small)	3.00	Walker	20.00	Knitted	50.00
(large)	4.00	Pockets	3.00	Quilted	45.00
Elbow/Heel Caps		Bags	10.00		
(knitted)	1.50				

Suggested values for miscellaneous, household, toiletries, comfort items:

Backpacks, gym bags	\$ 3.00	Games	\$ 5.00	Stuffed animals	
Bedspread	20.00	Laundry bags	2.00	small	\$ 5.00
Bingo sets	15.00	Magazines	.25	large	10.00
Books, hardcover	5.00	Pillows, large	8.00	Suitcase	10.00
Paperback	1.00	small	5.00	Sunglasses	2.00
Cassettes	3.00	Pillowcases	1.00	Towels (bath)	4.00
CD's	4.00	Puzzles	.25	(hand)	3.00
DVD's	5.00	Sheets, set	5.00	Videotapes	5.00
Deck of cards	2.00	single	1.00		
Electric razors	10.00				

Stationery items - purchase price, toiletries - purchase price, hotel toiletries - .25 each  
Baked goods - purchase price -- no home-baked products can be accepted

ENCLOSURE #12



**MARINE CORPS LEAGUE AUXILIARY  
VOLUNTEER WORKSHEET -  
AMERICANISM**

NAME \_\_\_\_\_ MAY1 - APRIL 30 \_\_\_\_\_

	<u>Times Volunteered</u>	<u>Hours</u>	<u>Miles</u>	<u>Donation</u>
1) Serving on local committees/boards				
Memorial Day	_____	_____	_____	\$ _____
Fourth of July	_____	_____	_____	\$ _____
Veterans' Day	_____	_____	_____	\$ _____
Other: _____	_____	_____	_____	\$ _____
<hr/>				
2) Participating in local activities:				
Memorial Day Parade--marching	_____	_____	_____	\$ _____
Memorial Day--wreath laying/service	_____	_____	_____	\$ _____
Fourth of July Parade--marching	_____	_____	_____	\$ _____
Veterans' Day Parade--marching	_____	_____	_____	\$ _____
Veterans' Day--wreath laying/service	_____	_____	_____	\$ _____
Distribution of Americanism Literature	_____	_____	_____	\$ _____
Elections--mail outs/handouts/etc.	_____	_____	_____	\$ _____
Elections--voting	_____	_____	_____	\$ _____
Other: _____	_____	_____	_____	\$ _____
<hr/>				
3) Presenting American flags/literature to:				
Schools	_____	_____	_____	\$ _____
New citizens	_____	_____	_____	\$ _____
Individuals	_____	_____	_____	\$ _____
Hospitals	_____	_____	_____	\$ _____
Other: _____	_____	_____	_____	\$ _____
<hr/>				
4) Writing about issues pertaining to				
VETERANS, their widows/orphans, etc.:				
Local Officials	_____	_____	-0-	\$ _____
State Senators/Representatives	_____	_____	-0-	\$ _____
US Senators/Representatives	_____	_____	-0-	\$ _____
5) Displaying the American Flag	_____	_____	-0-	\$ _____
6) Participating in or preparing for				
Marine Corps Birthday Celebration	_____	_____	_____	\$ _____
Attending Marine Corps Birthday Celebration/Ball	_____	- 0 -	_____	\$ _____
7) Attending MCLA meetings, conferences, conventions, events, etc.	_____	_____	_____	\$ _____
8) Participating in Security Programs	_____	_____	_____	\$ _____
(i.e., Town Watch, etc., if applicable)				
9) Assisting foreign-born to become US Citizens	_____	_____	_____	\$ _____
10) Cash assistance for patriotic events and/or items (i.e., flags, wreaths, prizes, etc.)				Value \$ _____

**TOTALS:**

Times Volunteered \_\_\_\_\_ Hours \_\_\_\_\_ Donations \$ \_\_\_\_\_

Miles \_\_\_\_\_ Value of Miles \$ \_\_\_\_\_ Total Value \$ \_\_\_\_\_  
(miles x 14 cents) (Donations + Value of Miles)

Americanism Worksheet is a guide to remind members of volunteering activities at patriotic events and promoting loyalty to America and American ideals.

This is just a worksheet and **not** to be sent to Department or National Chair.

**MARINE CORPS LEAGUE AUXILIARY  
VOLUNTEER WORKSHEET –  
CHILD WELFARE AND YOUTH ACTIVITIES**

NAME \_\_\_\_\_ MAY 1 - APRIL 30 \_\_\_\_\_

<u>Activity</u>	<u>Times Volunteered</u>	<u>Hours</u>	<u>Miles</u>	<u>Donations</u>
Boy/Girl Scouts	-	_____	_____	\$ _____
Brownies/Cub Scouts	-	_____	_____	\$ _____
Camp Fire Group	-	_____	_____	\$ _____
Children's Day Care	-	_____	_____	\$ _____
Church/Sunday School	-	_____	_____	\$ _____
Food, clothing, etc. to Children of Veterans or active duty	-	_____	_____	\$ _____
Home Nursing/Babysitting for Children of Veterans or active duty (non-relative)	-	_____	_____	\$ _____
Little League/Sports	-	_____	_____	\$ _____
National/Department Scholarship Fund	-	_____	_____	\$ _____
Operation Little Angel	-	_____	_____	\$ _____
Orphanage	-	_____	_____	\$ _____
PTA/PTO	-	_____	_____	\$ _____
School Organizations	-	_____	_____	\$ _____
Special Olympics	-	_____	_____	\$ _____
Toys for Tots	-	_____	_____	\$ _____
Young Marines	-	_____	_____	\$ _____
Youth Physical Fitness	-	_____	_____	\$ _____
Other	-	_____	_____	\$ _____
_____	-	_____	_____	\$ _____
_____	-	_____	_____	\$ _____
_____	-	_____	_____	\$ _____
_____	-	_____	_____	\$ _____
_____	-	_____	_____	\$ _____
_____	-	_____	_____	\$ _____
_____	-	_____	_____	\$ _____
_____	-	_____	_____	\$ _____
_____	-	_____	_____	\$ _____

TOTALS:

Times Volunteered \_\_\_\_\_ Hours \_\_\_\_\_ Donations \$ \_\_\_\_\_  
Miles \_\_\_\_\_ Value of Miles \$ \_\_\_\_\_ Total Value \$ \_\_\_\_\_  
(miles x 14 cents) (Donations + Value of Miles)

Child Welfare and Youth Activity Worksheet is a guide to remind members of volunteering activities that benefit youth including Young Marines and children of active-duty service personnel or Veterans.

This is just a worksheet and **not** to be sent to Department or National Chair.

## MCL AUXILIARY VOLUNTEER WORKSHEET - CIVICS

NAME \_\_\_\_\_ MAY 1 – APRIL 30 \_\_\_\_\_

<u>Activity</u>	<u>Times Volunteered</u>	<u>Hours</u>	<u>Miles</u>	<u>Donation</u>
Adult Activities/Senior Center/Day Care	_____	_____	-	\$ _____
Adult Education/Literacy	_____	_____	-	\$ _____
American Cancer Society	_____	_____	-	\$ _____
Blood Bank **	_____	_____	-	\$ - 0 -
Cerebral Palsy	_____	_____	-	\$ _____
Christmas Seals	_____	_____	-	\$ _____
Church Fund	_____	_____	-	\$ - 0 -
Cystic Fibrosis	_____	_____	-	\$ _____
Disaster Victims	_____	_____	-	\$ _____
Easter Seals	_____	_____	-	\$ _____
Fire/Ambulance/Police	_____	_____	-	\$ _____
Good Will	_____	_____	-	\$ _____
Health Clinic	_____	_____	-	\$ _____
Heart Fund	_____	_____	-	\$ _____
Home Health Care	_____	_____	-	\$ _____
Hospital (not VA)	_____	_____	-	\$ _____
Leukemia Society	_____	_____	-	\$ _____
March of Dimes	_____	_____	-	\$ _____
Mental Health	_____	_____	-	\$ _____
Multiple Sclerosis	_____	_____	-	\$ _____
Muscular Dystrophy	_____	_____	-	\$ _____
Nursing Home	_____	_____	-	\$ _____
Physically/Mentally Challenged	_____	_____	-	\$ _____
Red Cross	_____	_____	-	\$ _____
Salvation Army	_____	_____	-	\$ _____
United Way Fund	_____	_____	-	\$ _____
USO	_____	_____	-	\$ _____
YMCA/YWCA/YMHA/YWHA	_____	_____	-	\$ _____
Other: _____	_____	_____	-	\$ _____
_____	_____	_____	-	\$ _____
_____	_____	_____	-	\$ _____

\*\*Number of pints of blood donated: \_\_\_\_\_

TOTALS:

Times Volunteered \_\_\_\_\_ Hours \_\_\_\_\_ Donations \$ \_\_\_\_\_

Miles \_\_\_\_\_ Value of Miles \$ \_\_\_\_\_ Total Value \$ \_\_\_\_\_  
(miles x 14 cents) (Donations + Value of Miles)

Civics worksheet is a guide to remind members of volunteering activities and donations through community and charitable organizations.

This is just a worksheet and **not** to be sent to Department or National Chair.

(Rev. 08/09)

**MARINE CORPS LEAGUE AUXILIARY  
VOLUNTEER WORKSHEET -  
REHABILITATION**

NAME \_\_\_\_\_ MAY 1 – APRIL 30 \_\_\_\_\_

<u>Activity</u>	<u>Times Volunteered</u>	<u>Hours</u>	<u>Miles</u>	<u>Donation</u>
Groceries to Veterans and/or their families	_____	_____	_____	\$ _____
Clothing given to Veterans and/or their families	_____	_____	_____	\$ _____
Medical/Dental Care	_____	_____	_____	\$ _____
Fuel, rent or other utilities	_____	_____	_____	\$ _____
Home nursing/adult day care for Veterans and/or their families in time of need (not for pleasure/profit)	_____	_____	_____	\$ _____
Extending hospitality (meals, lodging) to Service Men/Women in your home (non-relatives)	_____	_____	_____	\$ _____
State Funded Veterans' Home	_____	_____	_____	\$ _____
Transportation furnished to Veterans and/or their families at 14 cents per mile	_____	_____	_____	\$ _____
Care Packages to Service Men/Women (non-relatives)	_____	_____	_____	\$ _____

TOTALS:

Times Volunteered \_\_\_\_\_ Hours \_\_\_\_\_ Donations \$ \_\_\_\_\_

Miles \_\_\_\_\_ Value of Miles \$ \_\_\_\_\_ Total Value \$ \_\_\_\_\_  
(miles x 14 cents) (Donations + Value of Miles)

Rehabilitation Worksheet is a guide to remind members of volunteering activities and donations encompassing active-duty Service Men/Women and Veterans, along with their families. All volunteering is for non-relatives.

This is just a worksheet and is **not** to be sent to Department or National Chair.

(Rev, 08/09)

**MARINE CORPS LEAGUE AUXILIARY, INC.**  
**VOLUNTEER WORKSHEET –**  
**CDCE HOSPITAL**

NAME \_\_\_\_\_ MAY 1 – APRIL 30 \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Address of Hospital: \_\_\_\_\_

List actual cash value for:

Donations to VA Hospital Funds	\$ _____	Occupational Therapy Supplies	\$ _____
Gifts	\$ _____	Refreshment and Service Supplies	\$ _____
Prizes	\$ _____	Books, reading material	\$ _____
Flowers	\$ _____	Other (describe)	\$ _____
Personal items, Lap Robes, etc.	\$ _____	_____	_____

Please see Enc. #12, VALUATION OF DONATED ITEMS, for suggested values of homemade items and gently used items.

Work in VA Hospitals in any capacity should be listed.

<u>Date/Activity for VA</u>	<u>Times Volunteered</u>	<u>Hours</u>	<u>Miles</u>	<u>Donations</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

TOTALS:

Times Volunteered \_\_\_\_\_ Hours \_\_\_\_\_ Donations \$ \_\_\_\_\_

Miles \_\_\_\_\_ Value of Miles \$ \_\_\_\_\_ Total Value \$ \_\_\_\_\_  
(miles x 14 cents) (Donations + Value of Miles)

CDCE worksheet is a guide to remind members of volunteer activities and donations for Veterans at a VA hospital, clinic or domiciliary. This would also include a VA sponsored outing for the Veterans from the VA hospital.

This is just a worksheet and **not** to be sent to Department or National Chair.

(Rev. 8/09) (8/25)



## MARINE CORPS LEAGUE AUXILIARY, INC. UNIT COVER SHEET AND TRANSMITTAL INSTRUCTIONS

Your fellow members placed much faith and trust in you when you were appointed and/or elected Treasurer. The handling of the financial affairs of your Department/Unit should be carried out with the highest degree of concern and efficiency. Familiarize yourself completely with the following:

### Reference:

- Bylaws and Administrative Procedures: Bylaws Section 610 - Membership Dues and Fees (A) - (D)
- Administrative Procedures Chapter Five - Section 520
- Department Dues Administrative Procedures Chapter Six - Section 615
- Units See Enclosure #19 –Instructions on the Transmittal Form.
- Dual members only - Enclosure #38 This **must** be included with application.
- Enclosure #19 includes a cover sheet for units that **must** be included with the transmittal

Inform your members regarding membership dues and fees. Prepare your transmittals promptly and correctly so that in a minimum amount of time your transmittals will be processed and returned to you with membership cards.

### UNIT TREASURER:

**1. Dues expire annually on the 31st day of August of each year. A member is delinquent when dues are not paid and received by National Headquarters no later than 15 November of the current year.** In the case of a new member who wishes to begin her membership after the yearly renewal period, the transmittal **must** be transmitted within ten (10) days of the meeting at which the membership was accepted by vote.

(Bylaw Section 620)

\* Keep in mind, if a “Department exists, you need to allow for processing time)

2. Before making the Unit Cover Sheet & Transmittal, **check to see that the previous year’s per capita dues have been paid on all members being submitted.** If not, the member must pay the arrears dues, plus the current dues or make application as a new member and pay the initiation fee of \$5.00. Do not send dues to Department Treasurer until this is done correctly, as this will save your Department Treasurer from having to write you, for either delinquent dues or application as a new member.

3. *The first Cover Sheet and transmittal should be all life members: First regular life, then associate life & bond fee. Unit Cover sheet provides all codes & fees.*

4. *Unit Cover Sheet being page 1 of and Transmittal 2 of, are to be a complete set. Four copies are to be sent to the Department Treasurer. Where no Department exists, all copies are sent to the National Secretary.*

5. Unit Cover Sheet & Transmittal are to be type written or printed. Be sure all copies are legible. **Put your name, signature, address, phone number & email on the Cover Sheet. Attach all numbered transmittals to this cover sheet.**

6. Be sure to list name of Department, Unit and date, when you complete the Cover Sheet & Transmittal. The date is very important. Be sure to fill out correctly.

7. **Names are to be listed alphabetically, listing last name of member first.** Be sure that all names are listed the same as written on application for membership and are listed EXACTLY the same for each subsequent year and that the correct address includes the nine-digit zip code. Zip codes can be obtained at (<https://m.usps.com/m/ziplookupAction>). For noncomputer use this can be found at the kiosk at the post office.

8. **State (using the codes found on Unit Cover Sheet)** whether each member is Regular N or R (New or Renew), Associate NAM or AM (New or Renew), Life Member LM or ALM (Regular or Associate), New Life Member NLM or NALM (Regular or Associate), Reinstated RI, or Transfer Member (add T in front of code).

9. **If a member is new**, be sure that two (2) copies of application are forwarded with the Unit Cover sheet and transmittal to the Department Treasurer. **The Unit should keep the original.** An initiation fee of \$5.00 shall be collected from each new member in addition to the National and Department per capita dues and forwarded with Unit Cover Sheet and the Transmittal.

10. If a member is reinstating, enclose past years' dues. Fill out a separate transmittal for each year they are paying back dues.

11. If a member's address has been changed, use new address for listing and complete Change of Address/ Change of Name Form Enclosure # 39.

12. *Fill in the report on the Cover Sheet, giving the number of members reported in the last report today's numbers and include total.*

13. **List total membership correctly. List membership total as the number reported on your last Unit Cover Sheet plus the number reported on current Unit Cover Sheet.** Remember that each year's membership starts at zero members. **Only current year's membership counts in total membership. Unit Cover sheet records total membership to date.** (Do not include previous year's dues paid in membership count. It is EXTREMELY important that you keep your Regular, Life (a separate count for Regular Life Members and Associate Life Members) and Associate Member totals separately. Regular and Regular Life Members will be needed for Unit voting strength. Life Members will be needed for calculations for National Officer Allowances. Associate Members need to be kept separately because they are not permitted to vote or to be counted in a Unit's voting strength.

14. Legibly sign where marked "Unit Treasurer" and then print your complete address including nine (9) digit zip code. Be sure to write your phone number and email address clearly on the Unit Cover Sheet in case the Department Treasurer needs to contact you for additional information. **Note the treasurer information is only on the cover sheet. Number each the transmittal and attach it to the Unit Cover Sheet, if the pages get separated, this will help avoid confusion.**

## **DEPARTMENT TREASURER:**

Thoroughly check *Unit Cover Sheet* and transmittals received from Unit. Any omissions or errors are to be corrected before transmitting to National Headquarters.

1. Department Cover Sheet enclosure 24.
2. Send one (1) Cover Sheet, properly filled out by the Department Treasurer with the transmittals. Department and Unit Cover Sheet will be receipted by the National Secretary and returned via email with a copy of each transmittal to the Department Treasurer for the Department files.
3. Forward two (2) receipted and signed copies of Unit cover sheet and transmittals to MCLA National Headquarters P.O.BOX 3038 Stafford, VA 22555-3038
4. Only one (1) application for membership is to be forwarded to National Headquarters for each new member listed on the transmittal. If applicant is a new Dual member be sure enclosure # 38 is attached.

Marine Corps League Auxiliary, Inc  
UNIT COVER SHEET

UNIT \_\_\_\_\_  
EIN #/DATE FILED \_\_\_\_\_  
UNIT TREASURER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

DATE \_\_\_\_\_  
DEPT \_\_\_\_\_  
INC # \_\_\_\_\_  
Signature \_\_\_\_\_  
PHONE# \_\_\_\_\_  
EMAIL \_\_\_\_\_

REGULAR		ASSOCIATE		LIFE MEMBER		NEW LIFE		BOND	MISC	REINSTATE
NEW	RENEW	NEW	RENEW	LM	ALM	NLM	NALM			

**RENEWED**

REG \_\_\_\_\_ @ \$20 = \$ \_\_\_\_\_  
ASSOCIATE \_\_\_\_\_ @ \$20 = \$ \_\_\_\_\_  
REINSTATED \_\_\_\_\_ @ \$20 = \$ \_\_\_\_\_  
(MUST PAY REG DUES + DUES FOR EACH YEAR DELINQUENT)

	LAST	TODAY	TOTAL
REG	_____	_____	=====
ASSOC	_____	_____	=====
LIFE	_____	_____	=====
ALM	_____	_____	=====

**NEW**

REG \_\_\_\_\_ AM \_\_\_\_\_  
INITIATION FEE: \_\_\_\_\_ @ \$5 = \$ \_\_\_\_\_  
NEW MEMBER DUES: \_\_\_\_\_ @ \$20 = \$ \_\_\_\_\_

**NEW LIFE (FEE BY DOB)**

NLM \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
NALM \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**TRANSFERS**

REG \_\_\_\_\_ AM \_\_\_\_\_ LM/ALM \_\_\_\_\_

BOND \_\_\_\_\_ @ \$3.50 = \$ \_\_\_\_\_

DEPT DUES \_\_\_\_\_ @ \_\_\_\_\_ = \$ \_\_\_\_\_

MISC \_\_\_\_\_ = \$ \_\_\_\_\_

SUB TOTAL = \$ \_\_\_\_\_

ADD OR DEDUCT MONEY OWED PREVIOUSLY = \$ \_\_\_\_\_

**BALANCE DUE** = \$ \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

UNIT TREASURER: SEND 2 COPIES OF COVER SHEET AND TRANSMITTALS TO DEPT TREASURER.  
MEMBERS IN UNCHARTERED STATES: SEND 3 COPIES TO NAT'L HQ. RECEIPTED COPY WILL BE RETURNED. TRANSMITTALS FOR NAT'L DUES MUST GO THROUGH THE DEPT TREASURER, IF ONE EXISTS. UNIT TREASURERS: MAKE CHECKS PAYABLE TO DEPT of \_\_\_\_\_, MCLA. UNCHARTERED STATES: MAKE CHECKS PAYABLE TO MCLA NATIONAL HQ.

DATE REC'D AT DEPT \_\_\_\_\_

DEPT TREAS. \_\_\_\_\_

NATIONAL HQ \_\_\_\_\_

DATE REC'D HQ \_\_\_\_\_ DATE RECORDED HQ \_\_\_\_\_ RETURNED TO DEPT \_\_\_\_\_

National \_\_\_\_\_ Unit Received \_\_\_\_\_ Dept. Received \_\_\_\_\_ Div. VP Received \_\_\_\_\_ Unit \_\_\_\_\_

Marine Corps League Auxiliary, Inc  
Transmittal Form

Name of Unit \_\_\_\_\_

Department \_\_\_\_\_

EIN# \_\_\_\_\_

INC # \_\_\_\_\_

Dues for Year Ending August 31, \_\_\_\_\_

**UNIT TREASURER: Please complete this form  
with the cover sheet.**

**PLEASE LIST MEMBERS ALPHABETICALLY PLEASE TYPE OR PRINT LEGIBLY**

1. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
2. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
3. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
4. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
5. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
6. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
7. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
8. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
9. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4

National \_\_\_\_\_ Unit Received \_\_\_\_\_ Dept. Received \_\_\_\_\_ Div. VP Received \_\_\_\_\_ Unit \_\_\_\_\_

ENCLOSURE #19

## **MARINE CORPS LEAGUE AUXILIARY UNIFORM AND REGALIA CODE**

We, as Auxiliary members, should be proud to wear the uniform and cover, as this is a visual sign of our support to our organization, the Marine Corps League Auxiliary, and to the Marine Corps.

### **OFFICIAL UNIFORM**

Uniform shall be a navy blue, two-piece suit with skirt or slacks. Ready-made pieces are available. If home sewn, the style must conform to the regulation tailoring requirements in this code, Enclosure #20, in the Marine Corps League Auxiliary Bylaws and Administrative Procedures.

### **OFFICIAL UNIFORM DEFINED:**

Navy jacket, skirt or slacks of matching fabric (the Red Stripe is approved to be worn on the skirt only), white blouse as described herein, black continental tie, cover of appropriate color, neutral color hose, plain black shoes (see description listed under Accessories), plain black purse, white tailored dress gloves (depending upon the occasion). Ribbon Badge of appropriate color (worn one inch [1"] below front, left shoulder seam of jacket) and sunbursts on jacket collar. (Rev. 8/08)

### **JACKET**

The jacket shall be single-breasted and have peaked collars and lapels. It should be semi-fitted and have full-length sleeves that come to the wrist. A full-figured woman may want to wear a more loosely fitted garment.

There should be no vent in the back of the jacket or sleeve and no pockets or false pockets. If pockets are on a purchased jacket, they are not to be used, to maintain firmness of the pocket and prevent bagging.

Buttons should be Marine Corps League large gold buttons, preferably three (3). No more than (5) buttons should ever be on the jacket and may be purchased from the Ship Store.

Sunbursts are to be worn on the lapels at all times. Sunbursts are purchased in pairs, worn with anchors inboard and may be purchased from the Ship Store.

The Auxiliary patch, red and blue in color, is worn on the left sleeve, one inch (1") below the shoulder seam and may be purchased from the Ship Store. No other patches are to be worn on the uniform.

Membership stars are to be worn on the official jacket only. Stars representing five (5) consecutive years of service are to be placed with the lower edge of the star one inch (1") above left sleeve edge and may be purchased from the Ship Store. The stars will run parallel to the edge of the sleeve, starting at the thumb and going to the outside of sleeve. Absolutely NO stars are to be worn on the white blouse.

The Ribbon Badge is a bar with a short (3 ½ - 4 inch) or long (up to 5 ½ inches) ribbon attached with a sunburst medallion at the bottom and may be purchased from the Ship Store. (Rev. 8/11) A Gold Ribbon Badge is to be worn at the National level, a Blue Ribbon Badge is to be worn at the Department level, and a Red Ribbon Badge is to be worn at the Unit level.

### **NOTHING SUPERSEDES THE AUXILIARY'S RIBBON BADGE.**

### **PINS THAT MAY BE WORN ON THE RIBBON BADGE**

The Past National President's pin; the Past Department President's pin; the Past Unit President's pin; a Past Regent's pin; a Flea pin; a Chapel of Four Chaplains' pin; a Drop of Blood pin; a Hospital or CDCE pin (you must have proof of 50 hours of hospital service to be eligible for hospital pin [bar or rocker] (Rev. 8/11); a 30- or 40- Year Membership pin (Rev.8/23), a Gold Star Mother pin; a Gold Star Wife pin; a small American Flag pin; an Auxiliary Membership pin; a Presidential Citation pin (Rev. 8/08). Pins received as an award (Ex.: Department Auxiliary Member of the Year) may be worn on the ribbon (Rev. 8/11). Some pins may be purchased from the Ship Store.

## **DESCRIPTION OF PINS AND BADGES**

The Past National President's Pin shall be the regular small pin set with three small diamonds with a chain and gavel attached OR the newer Past President's Pin with a clear gemstone. The Past Department President's Pin shall be the same, set with blue stone. The Past Unit President's Pin shall be the same, set with red stone. (Rev.8/23) Pins may be purchased from the Ship Store.

The sunburst Pins are the regulation sunburst Pin and shall be worn in pairs on the jacket and on the white blouse of the summer uniform. A single sunburst pin is worn on the cover.

The membership Pin is the small, round pin with MCLA emblem in the center. Any member in good standing may wear it. A commemorative Pin in celebrating years involved in the MCLA may be worn.

The Pin of a Gold Star Mother and of a Gold Star Wife is a small Pin with a gold star, which may be worn by all Gold Star Mothers and all Gold Star Wives in good standing.

The Drop of Blood Pin is awarded to anyone donating blood to a CDCE or Community Blood Bank. Only one Pin may be worn.

The Chapel of Four Chaplains Pin is a small Star of David with a Cross inside. You must be a member of the Chapel of Four Chaplains Honor Society to wear this pin.

CDCE or Hospital Pin is a round pin with a bar or rocker. Member must have proof of fifty (50) hours of hospital service to receive this pin.

A Presidential Citation Pin is awarded through the President of the United States for exemplary volunteer service. (Rev. 8/08) Pins received as an award (Ex.: Department Member of the Year Award) may be worn on the Ribbon badge. (Rev. 8/11)

## **SKIRT**

The skirt should be A-line or straight. A kick pleat may be in the back of a straight skirt; it must be a pleat, not a slit. The length shall be an attractive length for the individual but must always cover the knees. The Red Stripe is a one-inch or seven-eighths of an inch (1" or 7/8") width of grosgrain ribbon or the authentic ribbon purchased at a PX. This stripe was approved by the then Commandant of the Marine Corps, General John A. Lejeune. He felt the women in the Auxiliary deserved it, as they had sacrificed their husbands and sons while they served and sometimes died in service to country and Corps.

## **BLOUSES**

A white tailored blouse when worn without a jacket is considered a summer uniform. A blouse must be worn under a jacket. When worn under a jacket, a black continental tie must be worn, and the jacket buttoned. When a tucked- in blouse is worn, small gold Marine Corps League buttons are worn with flat buttons on the part of the blouse to be tucked in skirt or slacks, and a small, flat button at the neck.

At the 1990 National Convention, the Assembly approved a tailored over-blouse as a supplemental optional uniform. The requirements are the same as for the regulation blouse: pointed collar, small Marine Corps League buttons, sunburst pins on each collar, shoulder patch on left sleeve, one inch (1") below shoulder seam, and an optional black continental tie. The sleeves may be long or short. No sleeveless blouses can be worn unless they are under a jacket, and then the jacket is not to be removed. At the 2010 National Convention, a motion was approved that the cover can be worn without the official uniform with a nice MCLA logo shirt or white blouse and nice slacks or skirt. The ribbon badge is never to be worn on the logo shirt (Rev. 8/16).

Purchased blouses may be:

One (1) opened top pocket on left side only. No buttons, flaps or pleats on pockets.

A fitted blouse (shirt) may be purchased from any Air Force base if you have privileges (Order a much larger size that you usually wear, as they seem to be very small). (Rev.8/11) This blouse (shirt) may be purchased from the Ship Store. More loosely fitted blouses may be made or purchased by full-figured women; however, pattern design guidelines must be followed.

## **SLACKS**

Slacks are to be of the same color as the jacket at all times. There will be NO RED STRIPE on the slacks. Jacket and skirt or slacks may be worn on the floor of the National Convention for ritualistic work.

## **UNIFORM ACCESSORIES**

Gloves need not be worn with uniform at all times. While performing the duties in a ritualistic ceremony, all members are to wear white tailored dress gloves. Examples: Flag Folding, Avenue of Flags, Flag and Banner Bearer, Chaplain, Wreath Presentation.

You may wear either the black crossover continental tie or the black continental tie with Velcro in the back to always have the tie on correctly. (Rev.8/23) Ties may be purchased from the Ship Store.

Flea Ribbon may be worn with the uniform.

A purse is to be small, black, preferably leather, with a shoulder strap. Is it to be carried when in uniform and need for a purse is there.

Shoes are to be black enclosed shoes, either flat or with a heel no higher than three (3") inches including wedges, unless there is a medical condition that requires orthopedic shoes or shoes that fit the medical condition. No decoration on shoes. (Rev.

8/08) Nylons should be worn at all times with uniform skirt. Colors to be nude, tan, or taupe.

Earrings, if desired, shall be small eagle, globe and anchor earrings, or membership earrings, or gold button earrings no larger than membership pins and may be purchased from the Ship Store. No dangle earrings are allowed.

Nametags, other than the official Convention Badge, are not to be worn on the uniform at the National Convention or the National Midwinter Conference.

## **MARINE CORPS LEAGUE AUXILIARY COVER (CAP)**

Cover shall be overseas style, fitted to the head as worn by women in the Military and may be purchased from the Ship Store with lettering of "Marine Corps League Auxiliary" on the left side. No other wording or jewelry should be worn on the left side of the cover. The official sunburst pin shall be placed on covers near the front and half the width of the cap on the left side. Chaplain's Cross may be worn on the front right side of cover during her tour of duty. A Gold Star Mother or Gold Star Wife pin may be worn on the right front side of the cover.

Official patches or embroidery and/or Life Member patches or embroidery should be centered on the right side above Unit or Department identification.

Covers are not to be worn on the back of the head. They are to be worn 1½" (or two-finger width) above the eyebrows, square on the head. The only time a cover can be worn without the official uniform is with a nice MCLA logo shirt or white blouse and nice slacks or skirt (Rev. 8/10). Covers should not be worn with inappropriate clothing such as shorts, bathing suits, sweat suits. Cover shall always be worn with uniform, except at President's breakfast/lunch or to a meeting of the Past President's Club, or at MODD/MODDF functions.

Unit Covers: scarlet red in color with gold piping, lettering on right side to state name of Unit, city and state, and office.

Department Covers: royal blue in color with gold piping, lettering on right side, name of state and office. All Past Department Presidents may continue to wear this cover.

National Covers: Gold in color with lighter than navy blue piping with lettering on right side to be the name of office. Gold covers shall only be worn by elected officers; appointed officers doing floor work shall wear cover during National Convention or official National occasions only. (rev. 8/16) No appointed or elected officers will continue to wear gold covers after leaving office or when their term expires. They are to revert back to their Department covers, such as Past Department President or their Unit covers, such as Past Unit President, whichever office they held before their election or appointment to National. There being only two exceptions: Past Division Vice Presidents may wear a Department color blue cover with a gold crown with the words "Past Division Vice President" and the name of the Division and the years served. (Rev. 08/15), and the National President will wear a white cover with blue piping and lettering "National President" during her term of office only.

After her term expires, she will revert to a gold cover with white center, royal blue piping and lettering or a white cover with gold sides and blue piping and lettering. (Rev. 08/14)

### **ASSOCIATE MEMBERS**

Associate Members shall be authorized to wear the REGULATION MCLA summer and winter uniforms with the following exceptions:

1. A rectangular brass bar with 'MCLA' inscribed on it – comparable to the 'MCL' brass bar worn by League Associate Members – shall be worn on cover and collars in lieu of sunbursts.
2. The Associate MCLA shoulder patch shall have a rocker strip below the regular MCLA patch with the word 'ASSOCIATE' in red on blue background in the same shades as the regular patch.
3. The Red stripe on the skirt shall not be allowed.

### **SECONDARY UNIFORMS:**

#### **EVENING WEAR: OPTIONAL**

JACKET: Bolero-style vest in navy lined in red. Military Mess dress style.

BLOUSE: White long-sleeved tailored blouse with white pearl or fabric covered buttons. A black continental tie is to be worn with a pointed collar blouse.

Skirt: Long skirt, same color as jacket, lined in red. Slit in skirt is to be no higher than the knee for walking or dancing comfort.

CUMMERBUND: Gold Satin

SHOES: Black

EVENING BAG: Black

COVER: None

EARRINGS: Small and round, no dangles.

### **SUMMER UNIFORM:**

Skirt, slacks, knee length shorts, or capris (color and fabric matching the Official Uniform), white blouse with or without black continental tie, cover, neutral hose, black shoes (see description listed under Accessories) and purse, sunbursts on collars, Ribbon Badge on left side of blouse one inch (1”) below front shoulder seam. Navy blue or black capris may be worn with MCLA logo shirt for outdoor activities, cover optional. (Rev 8/23)

### **CASUAL WINTER UNIFORM:**

Skirt or slacks (color and fabric matching the Official Uniform) with a navy sweater (V-neck or cardigan) worn over a white blouse, Ribbon Badge, black shoes (see description listed under Accessories), neutral hose, cover optional.

### **NATIONAL HEADQUARTERS REGALIA:**

**RECRUITING RIBBON:** Shall be worn on the left lapel of the jacket. ONLY ONE RECRUITMENT RIBBON IS ALLOWED ON THE UNIFORM (Rev. 8/08)

**MARINE CORPS LEAGUE RIBBONS:** Any ribbons awarded to an Auxiliary member by a League Commandant of any level, including the 100<sup>th</sup> Anniversary of the MCL ribbon (Rev.8/23) may be worn on the right side of the blouse or on the left lapel when wearing the jacket. Ribbons are to be worn vertical

**VIETNAM WAR COMMEMORATION PIN:** A Vietnam War Commemoration pin may be worn on the right lapel below the President's medallion if worn, (Rev 8/24)

**CURRENTLY SERVING PRESIDENT'S MEDALLION:**



May be purchased by a Department or Unit and be given to the President to wear during her term of office. This medallion may be worn with street clothes. The medallion may be worn on the right lapel of the jacket during her term of office. When the term is completed, she no longer wears the medallion with her uniform. The medallion may be worn as a pin or around the neck with a gold chain or with the appropriate ribbon (gold-National, blue-Department, red-Unit). The medallion comes with either attachment installed on it, so it may be worn either way.

(Rev. 8/08)

**MARINE CORPS LEAGUE AUXILIARY**

**Ribbon Badge**

American Flag

National President

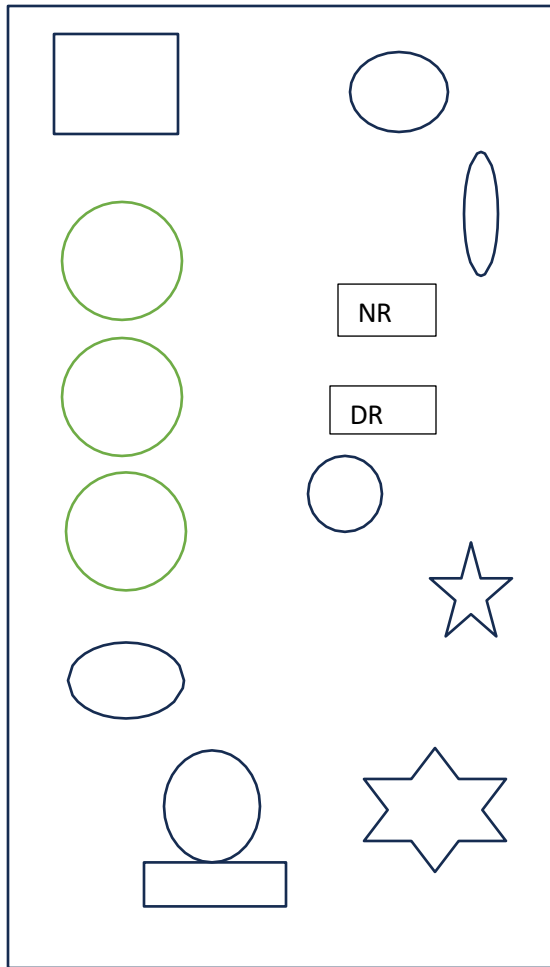
Department President

Unit President

Presidential Citation Pin

Hospital Pin and Bar with Hours Optional.  
Can be worn on Badge or Uniform or in street clothes.

Gavel is worn at rest (as shown) when no longer in office. It is worn upright while serving.



Membership Pin

Drop of Blood Pin

National Regent Pin

Department Regent Pin

Flea Pin if not worn on designated ribbon

Gold Star if entitled to wear

Chapel of Four Chaplains if entitled to wear

Auxiliary Sunburst



## MARINE CORPS LEAGUE AUXILIARY

### COVER (CAP)

Overseas style:

- Wear 1½ inch (2 finger width) above the eyebrows and square on head. Are not to be worn on back of head.
- DO NOT wear with inappropriate clothing (shorts, bathing suits, sweat suits)
- May not be worn without a proper uniform.
- Are never worn at a Past President's breakfast or luncheon or Past President's Club meeting, as these functions are held to honor all Past Presidents, and no distinction of level of service is given. Covers are not to be worn with evening wear or at a MODD/MODDF luncheon.

Right Side: Patches or embroidery of Life Member centered above Unit or Department Identification.

Chaplain's Cross may be worn during her tour of Duty.

if eligible, a Gold Star Mother or Gold Star Wife pin may be worn on the right front side of the cover,

Left Side: Only lettering of "Marine Corps League Auxiliary"

Sunburst pin near front and half the width of the Cover.

Colors:

- Unit:
  - Scarlet Red in color with gold piping
  - Right side states name of Unit, City, State and Office
- Department:
  - Royal Blue in color with gold piping
  - Lettering on right side states name of State and Office
  - ALL PDP's may continue to wear this color
- National:
  - Gold in color with lighter than navy piping
  - Lettering on right side states name of office
  - Worn by elected officers
  - Appointed officers may wear gold cover while doing floor work on official occasions.
  - No elected or appointed officers will continue to wear the gold cover after leaving their term of office or when their term of office expires (revert to Department or Unit office held before their election or appointment to National Office).
- National Presidents – exception:
  - White cover with blue piping and lettering of "National President" during her term of office only
  - After her term expires, she reverts to gold cover with blue piping and lettering or purchase a white cover with gold sides, blue piping and lettering.
  - National Headquarters purchases the National President's white cover.
  - Description of Pins and Badges  
Pins received as an award (Example: Department Member of the Year Award, 30 Years, or 40 Years of Dedication Pins) may be worn on the ribbon badge. (Rev. 08/21)

(Rev. 08/15)



**MARINE CORPS LEAGUE AUXILIARY**  
**NOTICE OF DEATH**



\_\_\_\_\_ Member's Name

Of \_\_\_\_\_ Unit

City \_\_\_\_\_ State \_\_\_\_\_

Expired on \_\_\_\_\_

Next of Kin \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Name of Individual Completing this Form

\_\_\_\_\_ Title

Address: \_\_\_\_\_  
 \_\_\_\_\_

Email address/phone# \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Make six copies of this form and distribute to the following:

1. Unit Chaplain
2. Department Chaplain
3. Department Treasurer and/or Department Secretary/Treasurer
4. National Chaplain
5. National Headquarters
6. Appropriate National Division Vice President

(Rev. 8/25)

**MARINE CORPS LEAGUE AUXILIARY**  
**NATIONAL BOARD OF TRUSTEES ALLOWANCES**

Source of Income:       \$2.50 per capita as recorded as of June 30 each year, excluding Life Members and Past National Presidents.

Distribution: (Rev.8.22)	National President	13% of total allowance
	Junior Past National President	2 % of total allowance
	Senior Vice President	5 % of total allowance
	Junior Vice President	5 % of total allowance
	Judge Advocate	5 % of total allowance
	Each of Ten Division Vice Presidents	7 % of total allowance

Payment Schedule:       Each Board member shall receive her allowance at the National Convention.

Reports:                 Each member of the National Board of Trustees shall submit a report at the National Mid-Winter Staff Meeting and at the National Convention describing her activities in accordance with the National Bylaws description of her individual office.

(Rev. 8/22)

**MARINE CORPS LEAGUE AUXILIARY**  
**INSTRUCTIONS FOR COVER SHEETS**

1. Cover Sheet for Department Transmittals:

Enclosure #24 is to be used by the Department Treasurer when sending transmittals to National Headquarters. Two copies are to be mailed with the transmittal; one copy will be receipted and returned to the Department Treasurer.

All appropriate information is to be completed, especially the membership information at the top right of the page. This will allow both the Department Treasurer and the National Secretary an opportunity to keep track of the total membership transmitted by the Department.

This cover sheet will also give information as to when the transmittal was sent.

2. Americanism/Child Welfare/Rehabilitation/Civics/CDCE/Girl Scout Cover Sheet:

Enclosure #25 is to be used by each of the above-named Department Chairmen when completing reports for the Department Convention. Three copies of this form, together with a copy of each Unit's report, must be completed with all appropriate information thereon.

One copy is to be sent to the proper National Chairman by July 1 prior to the National Convention; one copy is to be given to the Department Secretary; and one copy is to be retained by the Department Chairman and given to her successor for record.

(Rev. 8/12) (8/25)

**Department Cover Sheet**

Department of \_\_\_\_\_ EIN # (990) \_\_\_\_\_ DATE FILED \_\_\_\_\_

INC# \_\_\_\_\_ DATE FILED \_\_\_\_\_ Treasurer \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_ City, State \_\_\_\_\_

ZIPCODE \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

REG/LIFE LAST REPORT \_\_\_\_/\_\_\_\_ REPORTING \_\_\_\_/\_\_\_\_ TOTAL \_\_\_\_ R \_\_\_\_ LM

ASSOCIATE/ALM LAST REPORT \_\_\_\_/\_\_\_\_ REPORTING \_\_\_\_/\_\_\_\_ TOTAL \_\_\_\_ A \_\_\_\_ ALM

UNIT NAME	REGULAR		ASSOCIATE		LIFE MEMBER		NEW LIFE MEMBERS		BOND	MISC	RE-IN STATED
	New	Renew	New	Renew	LM	ALM	NLM	NALM			

Total: LM \_\_\_\_ ALM \_\_\_\_ TRANSFER: T(REG) \_\_\_\_ T(AM) \_\_\_\_ T(LM) \_\_\_\_ T(ALM) \_\_\_\_

**RENEWED**

REG \_\_\_\_\_ @ \$20.00 = \$ \_\_\_\_\_

ASSOCIATE \_\_\_\_\_ @ \$20.00 = \$ \_\_\_\_\_

REINSTATED \_\_\_\_\_ @ \$20.00  
(MUST PAY REG DUES + DUES FOR EACH YEAR DELINQUENT) = \$ \_\_\_\_\_

**NEW #** \_\_\_\_\_ **REG #** \_\_\_\_\_ **AM #** \_\_\_\_\_

INITIATION FEE: \_\_\_\_\_ @ \$5.00 = \$ \_\_\_\_\_

NEW MEMBER DUES \_\_\_\_\_ @ \$20.00 = \$ \_\_\_\_\_

**NEW LIFE: REG, ASSOCIATE**

NLM\_ @ \$ \_\_\_\_\_ (FEE DETERMINED BY D.O.B.) = \$ \_\_\_\_\_

NALM\_ @ \$ \_\_\_\_\_ (FEE DETERMINED BY D.O.B.) = \$ \_\_\_\_\_

BOND \_\_\_\_ @ \$3.50 = \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_ = \$ \_\_\_\_\_

BALANCE DUE: \$ \_\_\_\_\_ (MONEY OWED TO NATIONAL) = \$ \_\_\_\_\_

ADD OR DEDUCT MONEY OWED PREVIOUSLY = \$ \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

DATE RECEIVED HQ: \_\_\_\_\_ DATE RECORDED \_\_\_\_\_ RETURNED TO DEPT \_\_\_\_\_

**SEND 1 COPY and PAYMENT TO:**

**NATIONAL HEADQUARTERS, MCLA, INC**

P.O. BOX 3038 Stafford, VA 22555-3038



**MARINE CORPS LEAGUE AUXILIARY  
COVER SHEET**

Page \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ DATE \_\_\_\_\_

REPORT (please check one):

\_\_\_\_\_ AMERICANISM

\_\_\_\_\_ CHILD WELFARE

\_\_\_\_\_ CIVICS

\_\_\_\_\_ REHABILITATION

\_\_\_\_\_ CDCE

\_\_\_\_\_ GIRL SCOUTS

CHAIR \_\_\_\_\_ EMAIL OR PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

UNIT NAME	# MBRS	TIMES VOL	HOURS	DONATIONS	MILES	VALUE OF MILES	PINTS OF BLOOD (CIVICS)	TOTAL VALUE
				\$		\$		\$
				\$				
<b>TOTALS</b>								

\*CIVICS ONLY: DEPARTMENT TOTAL PINTS OF BLOOD \_\_\_\_\_

GIRL SCOUTS ONLY: NUMBER OF UNITS GIVING AWARDS \_\_\_\_\_ NUMBER OF AWARDS GIVEN \_\_\_\_\_

\*14 CENTS PER MILE EQUALS VALUE OF MILES

DEPARTMENT CHAIR: MAKE 2 COPIES OF THIS COVER SHEET; SEND ONE TO NATIONAL CHAIR PRIOR TO JULY 1 AND FILE ONE WITH DEPARTMENT SECRETARY

## MARINE CORPS LEAGUE AUXILIARY UNIT VOLUNTEER REPORT

DATE \_\_\_\_\_

UNIT NAME \_\_\_\_\_

MEMBERS \_\_\_\_\_

DEPARTMENT of \_\_\_\_\_

CHAIR(S) \_\_\_\_\_

MAIN EMAIL OR PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ACTIVITY	TIMES VOLUNTEER	HOURS	DONATIONS	MILES	COST per MILE	VALUE OF MILES	TOTAL VALUE
AMERICANISM					0.14		
CHILD WELFARE**					0.14		
CIVICS*					0.14		
REHAB					0.14		
CDCE					0.14		

\*Civics Only: Pints of Blood Donated \_\_\_\_\_

\*\*Girl Scouts only: Number of Awards Given \_\_\_\_\_

\*\*14 cents per mile equals value of miles

UNIT CHAIR: Please keep one copy for your files and send one copy to each Department Chair. If no Department exists, please send one copy to each National Chair prior to July 1.

Activity Report Period is May 1 to April 30.

(Rev. 8/09) (8/25)



# Marine Corps League Auxiliary



*Good Citizenship Award*

*Presented to*



**GIRL SCOUTS**

**COPY**

---

*Who Has Achieved the Girl Scout Gold Award*

(This if for information only. Certificates for presentation must be obtained from National HQ)

ENCLOSURE #28

Date:



# Marine Corps League Auxiliary, Inc.

---

## OATH OF OBLIGATION

"I, \_\_\_\_\_, in the presence of Almighty God, and the members here assembled, do, of my own free will and accord, solemnly pledge, promise and swear, that I will comply with all the laws and regulations of this Auxiliary, and that I will ever be loyal thereto. I will never propose for membership anyone whom I know to be unworthy or ineligible. I will bear true allegiance to the Government of the United States, and to our Flag, and fidelity to its Constitution and Laws. All this I promise, on my honor, so help me God and keep me faithful."

Obligation given to:

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Obligation given by:

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



**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 (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

AUXILIARY RECRUITER: \_\_\_\_\_ Membership Enrollment Date: \_\_\_\_\_

(Current Auxiliary Member)

**ORIGINAL - UNIT**

**1 COPY - NATIONAL**

**1 COPY - DEPARTMENT**

**CDCE -CENTER FOR DEVELOPMENT AND CIVIC ENGAGEMENT**  
**Representative and Deputy Representatives Certification or Re-Certification Information**

You must be a member in good standing in the Marine Corps League Auxiliary to become a CDCE Representative or Deputy Representative at a VA Medical Center (VAMC) or Community Based Outpatient Clinic (CBOC). An Associate member is welcome at a VA Hospital or Clinic, and her volunteer hours can be reported by the hospital for Auxiliary credit.

The certification/re-certification procedure is separate from registering as a volunteer. The certified Representative and Deputy Representatives are members of the VA facility Advisory Board, attend the quarterly meetings, and in October conduct the Annual Joint Review with the CDCE staff. They represent the MCLA and liaison with the facility. They keep the Unit and the MCLA volunteers informed about volunteer opportunities and recruit MCLA volunteers as needed for VA organized events.

Where a Unit exists, recommendation as a Representative or Deputy Representative must come from the Unit (Enclosure #35). The exception is in Departments whose Bylaws state they have the right to appoint a Representative or Deputy Representative, in which case the request for certification comes from the Department.

There is only one MCLA Representative and up to three Deputy Representatives at the hospital. The Unit President must complete **MCLA CDCE Enclosure #35** to the MCLA National CDCE Representative (address is on form), when requesting Certification of a member of the Auxiliary as a Representative or Deputy Representative to a Dept. of V.A. Medical Center as per the DVAMC rules. The DVAMC rules apply to every Veterans organization including the Marine Corps League Auxiliary. If more than one Unit volunteers at the same hospital, the Units should jointly select one Representative and each Unit name separate Deputy Representatives. One or both Unit Presidents will sign the request form. If the Department Bylaws state they have the right to appoint a Representative and Deputy Representatives, then the certification is signed by the Department President. The Representative and Deputy Representatives may not be a VA employee or represent another organization per DVAMC rules. The telephone number or e-mail address on the form is for the VA's use and our files only. The facility and address are especially important if there are several in the area.

The certification is for a two (2) year period with re-certification after each two-year period as long as that person is serving the Veterans in a proper manner. This also assures contact on a timely basis. National Representative should be advised of any changes in name, address, phone number or e-mail as soon as possible. She will contact the Manager of Voluntary Service to accomplish this as the expiration date draws near. It is at the discretion of the National Representative when a certification is for an indefinite period. Recertification is not automatic; it is done only after a request is made to the National Representative.

Representatives and Deputy Representatives must be regularly scheduled volunteers at a VAMC or Clinic. The Hospital Staff determines duties at the Hospital or Clinic. The Department of Veterans Affairs makes the rules, and every Veterans organization follows the same rules.

Advisory committees are held quarterly. All CDCE Representatives and Deputy Representatives are required to attend on a regular basis. It is only necessary that one of those certified attends a meeting. The VA Central Office monitors the attendance of all organizations at the quarterly meetings. The VA staff has the right to cancel certification of the organization if there is no representation at three consecutive quarterly meetings. Any individual may be dropped as Representative or Deputy Representative if she misses 3 consecutive scheduled meetings. This rule applies to all the organizations that make up the National CDCE Advisory Committee.

One of the required duties of the MCLA Representative is participating in the Annual Joint review (AJR) held in October with the VA Volunteer staff. The resulting **VA 10-1240 Summary Review Form** is a recap of current year's participation by the MCLA. It also lists the program needs of the facility for next year and the MCLA commitments in the form of supplies, volunteer participation and funds. The appointed Representative receives a copy of the VA 10- 1240 after the meeting to share with the Unit. The MCLA National CDCE Representative receives a copy of the AJR review directly from the hospital. She endorses it and forwards it to the Unit Representative.

Should a problem occur, which cannot be resolved between staff and volunteer, the National Representative must be contacted for assistance. Do not go directly to the Central Office of CDCE, since it would only be referred back to the MCLA National Representative. This seldom happens as most of our volunteers have a good relationship with the VA Staff and each other.

(Rev. 08/15) (8/25)

## **THE CDCE PROGRAM NEEDS YOU!**

### **VOLUNTEERS ARE MAKING A DIFFERENCE IN VA HEALTH CARE**

The CDCE program provides a role for all who desire to volunteer. The gift of your time is the greatest gift one could possibly give. Won't you consider the hospitalized veterans?

No qualifications are needed except to CARE and SHARE and want to help the hospitalized veteran. The time given by the volunteers does aid the professional staff and does make the veterans' stay in the hospital much more pleasant. The staff will give information on what can and cannot be done. Each Medical Center does have its own programs, and this information will be given to the volunteers.

Volunteer assignments can be during days, evenings, nights and weekends in medical centers, clinics, and community-based programs. Some assignments involve direct patient contact; others do not. If you are interested in the CDCE program, read the following to find out how you can become one of those WHO CARE.

The Center for Development and Civic Engagement (CDCE) program is one of the largest volunteer programs in the Federal government. Our mission is to enhance the veterans' health care experience through utilization of volunteers and donations.

The generosity of the volunteer's time allows us to provide many of the additional niceties that otherwise could not be accomplished by the paid staff on a day-to-day basis. CDCE offers volunteer assignments that fulfill the volunteer's desire to make a difference in a veteran's life. The program can be tailored to meet the volunteer needs of an individual student, family, large group, or corporation.

The benefits of volunteering include health benefits by increasing your physical and mental activity, improving your physical and mental health, and extending your life. The social benefits help you make new friends, be part of a team, feel needed by making a positive impact and gaining a sense of pride, satisfaction, and achievement. The civic benefits let you share your skills, fulfill our civic duty, serve those who have served our country, and set the example for family, friends, and co-workers. Your career benefits may be to explore career paths, learn new skills, build your resume, and earn volunteer hours.

There are many volunteer opportunities by greeting patients at the information desk; a guest services ambassador delivering personal hygiene items, magazines, etc. to all inpatients; assist staff with feeding veterans who are not physically able to feed themselves; drive a transport van; teach veterans skills in indoor and outdoor sports; provide comfort in the hospice to families; escort patients to and from hospital appointments via wheelchair or gurney.

Individuals of all backgrounds and abilities are welcome. All volunteers are carefully screened and may be required to complete an interview, volunteer application, background investigation, general orientation, job specific competencies. This process is not only to ensure the safety and well-being of our veterans, but to provide a successful volunteer experience as well.

Contact the Voluntary Service staff at a VA facility near you if you are interested in volunteering or would like more information about volunteering.

(Rev 8/11) (8/25)

## **The James H. Parke Memorial Youth Scholarship Award**

James H. Parke was the first Director of Voluntary Service and the founding father of the of Center for Development and Civic Engagement (CDCE) National Advisory Committee (NAC). The James H. Parke Memorial Fund, comprised of CDCE NAC member organizations, was established in 1976 to serve as the non-profit source of funds for a CDCE Youth Scholarship. Organizations, volunteers, VA staff and others continue to contribute to the Fund.

The board of directors of the Fund annually establishes (in the early spring) the amount of the primary award and any secondary scholarships. The Fund communicates such and provides a nomination form to the Director, Voluntary Service office (10C2) for distribution to Voluntary Service Field Staff. The scholarships may be used for tuitions and fees, books, supplies and/or room and board or other educational needs purchased through the school of the students' choice. All scholarship winners must use their awards by their 24<sup>th</sup> birthday. All winners receive detailed guidance concerning scholarship utilization from the Treasurer of the Fund.

Each medical center may nominate one CDCE student volunteer for receipt of the award. Recommendations may be made by any VA staff member who acts as a supervisor of the student volunteer or a member of the local CDCE Committee. This recommendation should be discussed with the Chief, Voluntary Service, before submission to the Medical Center Director.

To be eligible, candidates must have completed 100 hours of regularly scheduled CDCE volunteer service during the calendar year prior to September 1, be a student in the 10<sup>th</sup> grade or above, and have not reached their 19<sup>th</sup> birthday.

### **Nomination**

The Medical Center Director nominates a candidate for the award by submission of the nomination form to the President of the Fund by November 1. Nominations received after that date will not be considered. The nomination form should be completed to reflect the volunteer service and background of the candidate and include: age, years of volunteering, number of volunteer hours, areas of service, and affiliated/supporting organization, if any. Criteria on which candidates are evaluated for consideration of awards include: Scholastic Activity, Dependability, Fulfillment and Acceptance of Responsibility, Personality and Pleasantness to Patients and Staff, Leadership Capability, Inspiration to Patients through Service Performed and Appearance.

The National Winner receives a plaque and a letter of commitment. This presentation is usually made at the Annual Meeting of the National CDCE Advisory Committee. All personal information contained in the nomination form for the James H. Parke Memorial Youth Scholarship Award, as well as any photograph, may be used by the Fund and VA for promotion and publicity purposes. None of the information is required by law and is, therefore, disclosed voluntarily. A consent form (VA Form 10-3203) is available in all medical centers and should be attached to the nomination package.

For additional information, contact your local VA Voluntary Service Office.

**\* CDCE SERVICE AWARD \***  
**MARINE CORPS LEAGUE AND AUXILIARY VOLUNTEER AWARD**  
**FOR EXCELLENCE IN SERVICE IN THE CENTER FOR**  
**DEVELOPMENT AND CIVIC ENGAGEMENT PROGRAM**

The Veterans Affairs Voluntary Service Award for Leadership was first presented in 1963 by Hy and Sue Rosen, Past National Commandant and Auxiliary President, as a trophy to be awarded each year at the National Assembly to the League or Auxiliary member chosen by the CDCE Committee as most deserving of this award for leadership in the VA Hospital program. Volunteers in our CDCE Program are the key people who represent us at the VA Medical Centers, Outpatient Clinics, and the many Community programs sanctioned by the Department of Veterans Affairs. We believe they should be given special recognition for outstanding activities, excellence in carrying out their programs, as well as providing leadership, when necessary, in order to make life easier for the hospitalized veteran, outpatient, homeless or one in a nursing home under the jurisdiction of the Department of Veterans Affairs. In years past, there were trophies presented to the winners, but they have not been given since 1999. To preserve the record of winners, a large plaque showing winners should replace the trophy and be displayed permanently at National Headquarters, with individual plaques or certificates given to winners at discretion of the National CDCE Representatives and Deputies of the League and Auxiliary and past winners.

Criteria for eligibility to be chosen as the outstanding volunteer of the year in the CDCE Program are:

1. Must be a member in good standing to be chosen as the outstanding volunteer of the year.
2. Must have served on a regular basis in a VA Hospital, Outpatient Clinic, or other properly certified area for a period of at least three (3) years.
3. Must meet attendance requirements for CDCE quarterly meetings if a currently certified Representative or Deputy.
4. Must have a letter of recommendation submitted to the Committee by a VAMC Director, Manager of Voluntary Service, or other qualified staff; and by the Unit or Detachment describing works, programs, special activities, which they feel make that person an excellent nominee.
5. Qualifications should include one or more of the following: outstanding hours, special program, leadership, manner in which patients are cared for, or other service provided which significantly adds to the better care of veteran patients under the CDCE Program.

Department Conventions are an excellent time to consider selecting a volunteer for this award. Recommendations should be sent to your National League or Auxiliary CDCE Representative no later than July 10. Winners each year at National Convention shall be chosen by the National CDCE Representatives and Deputies of both the League and the Auxiliary, and any interested previous winners present at that Convention. Names will not be divulged until the annual CDCE meeting during Convention and shall be included in the printed proceedings of both the League and Auxiliary Convention. If no current nominee is able to meet the criteria, the Committee may review nominees for the 2 previous years. The committee reserves the right to choose one who has not been properly sponsored but meets other criteria by 100% vote.

ENCLOSURE #34



## NATIONAL MCLA MEMORIAL FUND GUIDELINES

The MCLA National Memorial Fund is a Standing Committee of the Marine Corps League Auxiliary. It is similar to the Marine Corps League Foundation, although it is not a 501(C)(3). All monies from donations, remembrances or memorials generated by this fund are used ONLY for assisting distressed Marines, FMF Navy Corpsmen, FMF Navy Chaplains, and/or their families. Selection of recipients will be at the discretion of the Committee. To request assistance, send a letter on MCLA Department or Unit letterhead to MCLA Headquarters stating the circumstances and/or the nature of the need. The National Secretary will send the request to the chairman of the Memorial Fund Committee who will inform committee members and recommend an amount to donate. All committee members are free to suggest a different amount to donate; however, majority approval of the committee members will prevail.

The donation form is available on the MCLA National website ([www.nationalmcla.org](http://www.nationalmcla.org)). When a donation is received, an acknowledgement will be sent to the donor. In addition, when a donation is made “in honor of” or “in memory of” someone, an announcement will be sent to the honored person or to the family of the deceased. The fund is in constant need of replenishing. Your gift, however large or small, is greatly appreciated and will help Marines, FMF Navy Corpsmen, FMF Navy Chaplains, and/or families who are in need of assistance.

(Rev. 08/21, REV 08/23)

**MARINE CORPS LEAGUE AUXILIARY**  
**SPECIFICATIONS FOR BANNER AND STANDARD**

CLOTH – Rayon, Color shall be Blue for the Banner; Silver Gray for the Globe; Gold for the Motto Ribbon and the Scrolls. The colors specified above shall show “good fastness.” Embroidery thread for embroidering Marine Corps Insignia, Letters and Edges, Fringe and Cord Tassel-Gold.

DESIGN – The Marine Corps League Auxiliary Banner shall be made on Field Blue Banner Cloth with the Marine Corps Insignia consisting of spread-eagle, globe and fouled anchor with flowing motto ribbon in beak of eagle and two flowing scrolls.

The Marine Corps insignia consisting of Eagle, Globe and fouled Anchor shall be made as follows: Eagle shall be embroidered with a Bonnaz stitch, using embroidery thread in shade of gold. The Eagle shall face the staff on both sides. Globe shall be made of silver banner cloth with the continents of North and South America, the West Indies, part of Greenland and latitude lines embroidered thereon, so they appear in their normal position. Continents of North and South America, the West Indies and part of Greenland shall be embroidered with Bonnaz stitch in shades of gold embroidery thread. Fouled Anchor shall be embroidered with a Bonnaz stitch with the staff on the left. Motto Ribbon shall be one inch wide with one end held in beak of Eagle, made of gold banner cloth with the words, “Semper Fidelis,” embroidered with scarlet thread in the center of the ribbon to read from left to right. The words “Semper Fidelis” shall be embroidered with a Bonnaz stitch and shall be composed of block letters of a height and width necessary to appear symmetrical. Scrolls- Upper Scroll to read: “MARINE CORPS LEAGUE AUXILIARY.” Lower Scroll to read: “NATIONAL HEADQUARTERS” (for National Colors), “DEPARTMENT OF (Name of State)” (for Department Colors), “NAME OF UNIT, CITY AND STATE” (for Unit Colors). The wording shall be embroidered with scarlet thread in the center of the scrolls to read from left to right. The Scrolls shall be three (3) inches wide of gold banner cloth. The wording shall be embroidered with a Bonnaz stitch and shall be composed of block letters of a height and width to appear symmetrical. Two pieces of identical size. The design shall be made for each piece and both sides with the Eagle facing the staff on both sides and the ring of the anchor towards the staff on both sides, with the continents of North and South America, the West Indies and part of Greenland and latitude lines embroidered so they appear in their normal positions on both sides of the banner.

FLAGS, BANNERS AND ACCESSORIES may only be ordered from a vendor on the Authorized Vendor List of Licensees (<https://www.hqmc.marines.mil>) (Commercial Use) or contact MCLA National Headquarters for the name of an authorized Vendor.

Flags and banners will be 3' x 5'. The Unit banner made according to the specifications as approved by the National Assembly on August 12, 1976, would be embroidered lettering and design. A set of colors consists of an American (U. S.) Flag and Auxiliary Unit/Department Banner, complete with fringe cord and tassels, 8' jointed wood poles, eagles, round metal stands and plastic dust covers. Aluminum poles may be used, if desired, but would probably cost slightly more than wood poles.

As an alternate to the above, the Board of Trustees on February 2, 1978, approved the use of a Unit/Department banner made of nylon with appliqued lettering and emblem which would reduce the cost. The same accessories as listed above would be used with this set of colors.

Please send a full description to the manufacturer and request prices before ordering.



## MARINE CORPS LEAGUE AUXILIARY, Inc. DUAL MEMBERSHIP FORM

**INSTRUCTIONS: ALL DUAL MEMBERS MUST SUBMIT THIS FORM. NEW DUAL MEMBERS MUST ATTACH THIS FORM TO THEIR MEMBERSHIP APPLICATIONS.**

MEMBER'S NAME: \_\_\_\_\_

PRIMARY (VOTING) UNIT: \_\_\_\_\_ Dept. of \_\_\_\_\_

DUAL (NON-VOTING) UNIT(S) \_\_\_\_\_ Dept of \_\_\_\_\_

\_\_\_\_\_ Dept of \_\_\_\_\_

\_\_\_\_\_ Dept of \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Send **one** copy to National Headquarters: **National MCLA Headquarters, PO Box 3038, Stafford, VA 22555-3038**

Headquarters will send a receipted copy to Department and Division.



Marine Corps League Auxiliary  
**Change of Name /Address Form**

(Please Print)

Name: \_\_\_\_\_

Unit & Department: \_\_\_\_\_

Old Information:

New Information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt. /Suite: \_\_\_\_\_

Apt. /Suite: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Unit Treasurer- Original \*Unit Treasurer to make 3 copies and disperse to offices below  
Department Treasurer - Division VP - National Headquarters**

*This form is to be filled out by the member to be given to the Unit Treasurer to process.*

**Marine Corps League  
Auxiliary**  
Report of Election for  
Division Officers



<b>Division:</b> _____	<b>Date of Election:</b> _____
<input type="checkbox"/> First two-year term	<input type="checkbox"/> Second two-year term

Division Vice President \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip (plus 4) \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Assistant Division Vice President \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip (plus 4) \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Division Vice President

\_\_\_\_\_  
Signature of Acting Secretary

Division Vice President shall forward this election form and a copy of minutes from Division Conference to:

- a) National Headquarters – PO Box 3038 Stafford, VA 22555-3038
- b) National Jr. Vice President