



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

**MARINE CORPS LEAGUE AUXILIARY, INC.**

I herewith make application for membership in the

\_\_\_\_\_ MCLA Unit Department of \_\_\_\_\_

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

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

\_\_\_\_\_ Detachment of the Marine Corps League  
(Name of Detachment)

Mustering in date \_\_\_\_\_ Place \_\_\_\_\_  
Mustering out date \_\_\_\_\_ Place \_\_\_\_\_  
Deceased date \_\_\_\_\_ Place \_\_\_\_\_

Have you ever belonged to the MARINE CORPS LEAGUE AUXILIARY before? \_\_\_\_\_

If so, what MCLA Unit? \_\_\_\_\_ Department of \_\_\_\_\_

Date last dues were paid: \_\_\_\_\_ in \_\_\_\_\_ Unit

AUXILIARY RECRUITER \_\_\_\_\_  
(Currently Used Name of Member) (Applicant's Signature)

Date new MCLA member accepted by unit \_\_\_\_\_

Eligibility checked: DD214 \_\_\_\_\_ Applicant's Address \_\_\_\_\_  
Honorable Discharge \_\_\_\_\_  
Other \_\_\_\_\_ Applicant's Phone \_\_\_\_\_  
Applicant's Email \_\_\_\_\_

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**MARINE CORPS LEAGUE AUXILIARY, INC.  
APPLICATION FOR ASSOCIATE MEMBERSHIP**

Application for Membership of \_\_\_\_\_  
(Print Applicant's Name)

I hereby make application for membership in the following MCLA Unit: \_\_\_\_\_  
(Print Name of MCLA Unit)

\_\_\_\_\_ Department of \_\_\_\_\_  
(Print Department if applicable)

By signing this Application I agree to and understand the following provisions of being an Associate Member of the Marine Corps League Auxiliary. I understand an Associate Member can never hold an elected Unit, Department, or National office, nor can an Associate member vote on any Department or national issue or Membership Applications or Elections of Officers.

Applicant's Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State \_\_\_\_\_

Zip Code + 4 digit extension \_\_\_\_\_ - \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Email \_\_\_\_\_  
(Must include Area Code)

Auxiliary Recruiter: \_\_\_\_\_ Membership Enrollment Date: \_\_\_\_\_  
(Currently Used Name of Auxiliary Member)

Rev. 12/2008/jm

ORIGINAL - UNIT

1 COPY - NATIONAL

1 COPY - DEPARTMENT