



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, Aunt 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 _____ (Current Auxiliary Member) (Applicant's Signature)

Date new MCLA member accepted by Unit _____

Eligibility checked: DD214 _____ Applicant's Address _____
Honorable Discharge _____ Applicant's Phone _____
Other _____ 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: _____
(Current Auxiliary Member)

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