

MARINE CORPS LEAGUE AUXILIARY, INC.  
NATIONAL CREDENTIAL/DELEGATE FORM

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

Delegates and Alternates to the National Convention shall be determined on the basis of 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.

PLEASE PRINT OR TYPE

NAME OF UNIT \_\_\_\_\_ UNIT STRENGTH \_\_\_\_\_ ALLOWED DELEGATES \_\_\_\_\_  
 LOCATION \_\_\_\_\_ DIVISION \_\_\_\_\_ (To be verified by Natl. Exec. Secy.)

Delegate _____	Alternate _____
Title _____	Title _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Delegate _____	Alternate _____
Title _____	Title _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Delegate _____	Alternate _____
Title _____	Title _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Delegate _____	Alternate _____
Title _____	Title _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Delegate _____	Alternate _____
Title _____	Title _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

If additional names are listed on back of sheet, check here [ ]

Upon election, make three (3) copies and return immediately to National Headquarters, c/o National Executive Secretary, 8626 Lee Highway, Suite 207, Fairfax, VA 22031-2135. Delegate and Alternate Delegate must be prepaid to be approved as a Registered Delegate or Alternate. No recognition will be given Delegate/Alternate by Credentials Committee unless on this form and on file for National Headquarters. This rule will be strictly enforced at this National Convention.

In order for the Unit to obtain the Unit's full voting strength, all Delegates/Alternates must be properly registered and prepaid no later than July 1<sup>st</sup>.

\_\_\_\_\_  
Unit President

ATTEST: \_\_\_\_\_

Unit Secretary

Total Amount Enclosed \$ \_\_\_\_\_ Delegates \_\_\_\_\_ Alternates \_\_\_\_\_  
 (\$5.00 per Delegate - \$5.00 per Alternate)

Date Received \_\_\_\_\_ National Executive Secretary \_\_\_\_\_

Rev.8/99



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.)

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

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

Officer's Position: PRESIDENT

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 and one (1) copy will be returned to you for your files.

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

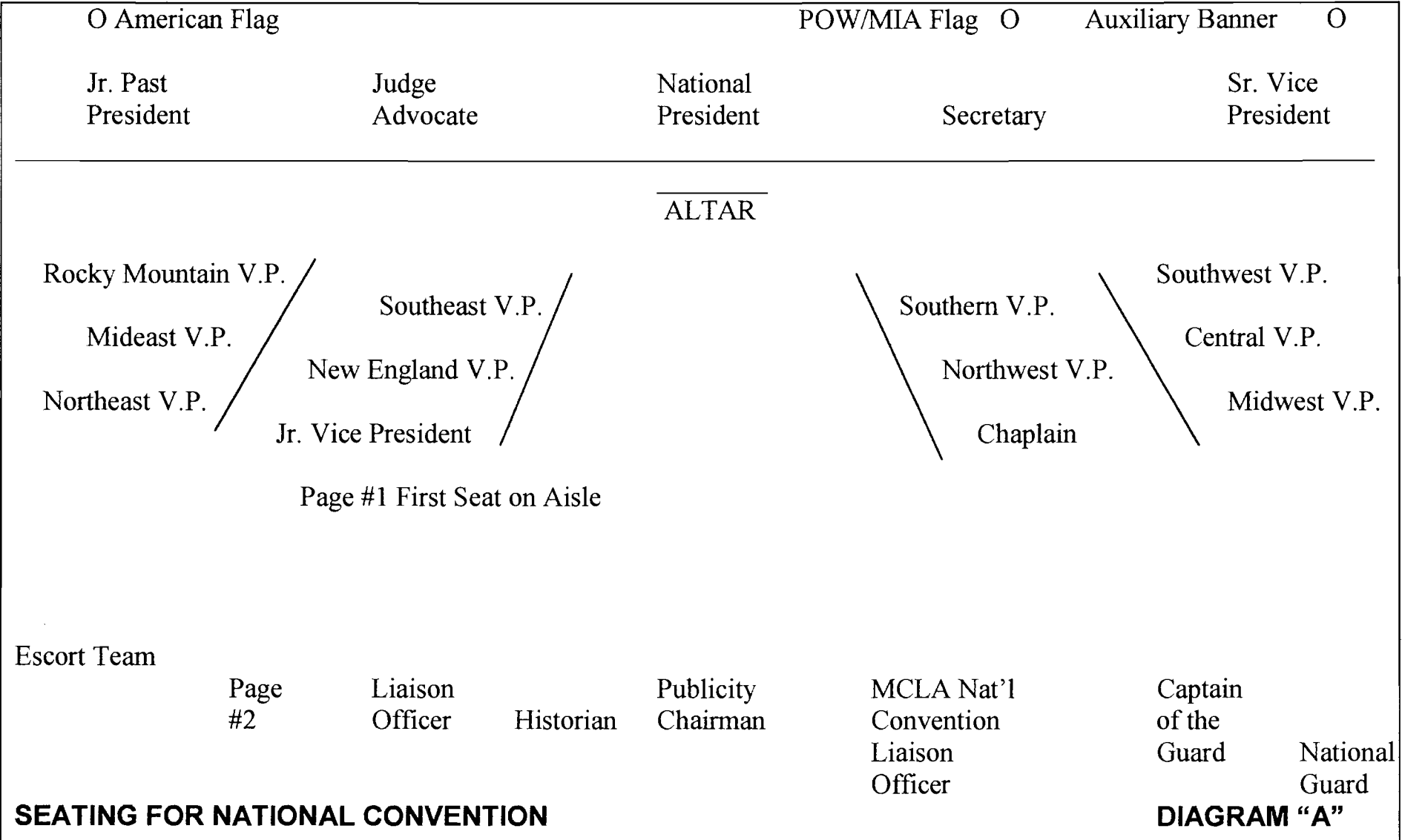
Acknowledged by \_\_\_\_\_

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

Rev. 8/95

PLEASE PRINT LEGIBLY OR TYPE

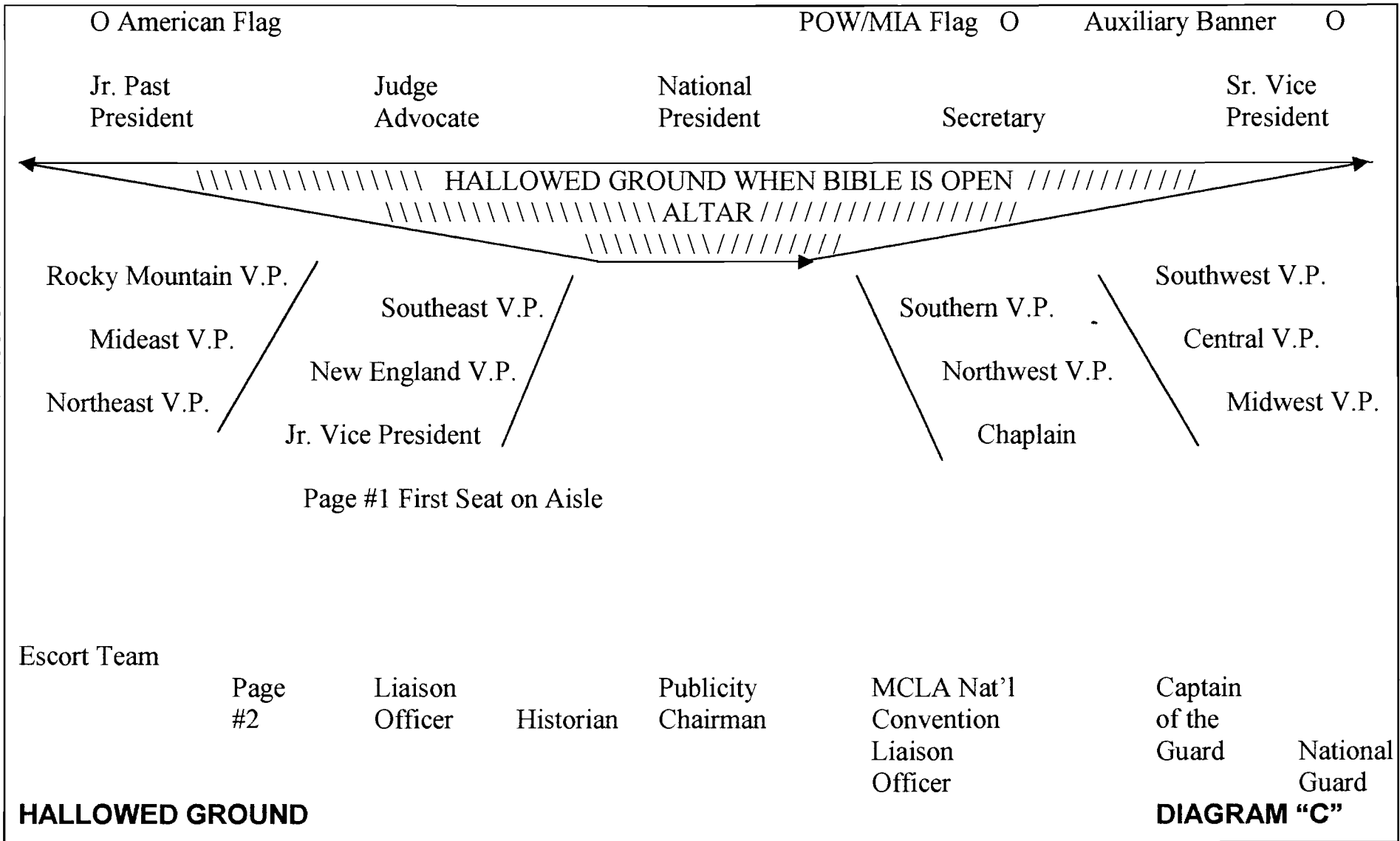
ENCLOSURE #3



**SEATING FOR NATIONAL CONVENTION**

**DIAGRAM "A"**





Rev. 8/02



MARINE CORPS LEAGUE AUXILIARY

REPORT OF ELECTION AND INSTALLED OFFICERS

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

Department/Unit E.I. N. \_\_\_\_\_ Incorporation Number \_\_\_\_\_

PRESIDENT \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_

SR. VICE PRES. \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_

JR. VICE PRES. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Email Address \_\_\_\_\_

JUDGE ADVOCATE \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Email Address \_\_\_\_\_

DEPARTMENT Division/District Vice Presidents:

South \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
East \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
North \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
West \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Central \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Department/Unit \_\_\_\_\_  
Historian \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Chaplain \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Auditor #1 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Auditor #2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Auditor #3 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

TREASURER \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Email Address \_\_\_\_\_

SECRETARY \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_  
Capt. of Guard \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Color Bearer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Banner Bearer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Publicity \_\_\_\_\_ 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

PLEASE 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. Send copies of this form IMMEDIATELY AFTER INSTALLATION TO (1) National Division Vice President, (2) National Headquarters, (3) Department Secretary, (4) Unit Secretary and (5) Installing Officer.

**PLEASE PRINT LEGIBLY OR TYPE**



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 \_\_\_\_\_

ORIGINAL – UNIT 1 COPY – NATIONAL 1 COPY - DEPARTMENT



**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)

Rev. 12/2008/jm ORIGINAL – UNIT 1 COPY – NATIONAL 1 COPY - DEPARTMENT



MARINE CORPS LEAGUE AUXILIARY, Inc.
Membership Transfer Form

MEMBER 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 to any Unit of the Organization is recommended.

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

Transferring from: Unit \_\_\_\_\_
Department \_\_\_\_\_

Transferring to: Unit \_\_\_\_\_
Department \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Date \_\_\_\_\_

Original application for membership to be forwarded to the Gaining Unit. Original Transfer form to the Gaining Unit, with copies to: Losing Unit, Department Treasurer and National Headquarters. This transfer is to be used prior to membership expiration date; otherwise it becomes a discharge from the Organization.

REV 08/09



MARINE CORPS LEAGUE AUXILIARY, Inc.
Membership Transfer Form

MEMBER 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 to any Unit of the Organization is recommended.

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

Transferring from: Unit \_\_\_\_\_
Department \_\_\_\_\_

Transferring to: Unit \_\_\_\_\_
Department \_\_\_\_\_

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

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

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

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Date \_\_\_\_\_

Original application for membership to be forwarded to the Gaining Unit. Original Transfer form to the Gaining Unit, with copies to: Losing Unit, Department Treasurer and National Headquarters. This transfer is to be used prior to membership expiration date; otherwise it becomes a discharge from the Organization.

REV 08/09

## 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 must be bound books 8 1/2" x 11" (or slightly larger), with lined pages with approximately 1 1/2" margins.
- B. History written in the book must be longhand in ink. Both sides of each page must be used and numbered.
- 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.

The following is a description of each page. Remember, both sides of all pages must be numbered starting with the flyleaf as "Page 1". More pages may be used, as the subject requires. Therefore, you may use ten pages to cover membership, but they will all be numbered "Page 5". In the case of Page 7, you will use at least four (4) pages all numbered "Page 7" with the sub-division as listed in the example. Use as many pages as needed, but the number should be the same as the subject.

#### MODEL OR EXAMPLE

- Page 1 (Flyleaf) HISTORY - Name of Unit (or Department), Date, Compiled by: (Name of Historian)
- Page 2 Officers - With positions, names and addresses. Units 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 Unit in the Department, along with names of Presidents. The Unit should list the name 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 be in the same bound book. 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. Jean 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 VAVS 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 VAVS 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      Finance - Complete annual financial statement indicating what money came in and what went out, as well as from to where. Be sure to also indicate Balance on Hand.
- Page 9      Awards - Name of award, who received it and for what it was received. Indicate any projects involved.
- Page 10     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 11     Memorial and Special Day Observances - Brief description of each.
- Page 12     Comments of Historian - Along with signature, this is the final sheet.

Rev. 8/95

MARINE CORPS LEAGUE AUXILIARY

MEMORY BOOK FORM

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

City \_\_\_\_\_ State \_\_\_\_\_ Number of Members in Unit \_\_\_\_\_

MCLA Logo, Unit, Department names must appear on the front cover or on the cover page.

Activities covered in this book. (A table of contents labeled in the order in which they can be found.)

Examples:       “Memorial Day – Print Media and Photos”  
                      “June Convention – Photos”  
                      “Award Ceremony – Program and Photos”

Memory Books represent a “VISUAL”, “PICTORIAL and/or “WRITTEN” account of your MCLA Unit/Department projects, achievements, etc., for the entire year. Books need not have a fancy cover, however, appearance is important. Take pride in it.

1. Books must be of the scrapbook or photo variety (not a loose-leaf notebook). They should not exceed 13” x 15”.
2. Books must be at National or State Convention to be judged and arrangements made for them to be picked up following judging. The chairman will collect the books at a designated time.
3. All newsprint articles must be neatly trimmed, identified and labeled so that it can be determined what is being viewed. Articles must have the “5-W’s” – WHO – WHAT – WHEN – WHERE –WHY?
4. Pictures must have some type of written or typed caption or explanation. The same would be true of newsprint articles.
5. All pictures and articles must be in chronological order.
6. NEATNESS COUNTS.
7. When including a news media item, photos may accompany this to further enhance the event coverage.
8. Remember this is an accounting of what your Auxiliary Unit has done this year, not the League (unless they were combined events).

8/98

## 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 forward one (1) copy of each Unit report plus 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 (VAVS, 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 who 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. VAVS 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 prices and values to be placed on used clothing donated:

Bathrobes	\$ 6.00	Jackets	\$ 9.00	Shoes	\$ 5.00	Sweatpants	\$ 4.00
Bed Jackets	3.00	Jeans	5.00	Shorts	5.00	Sweatshirts	4.00
Belts	3.00	Jerseys	3.00	Skirts	5.00	Swim suit	5.00
Blouses	5.00	Jewelry	2.00	Slacks (Men)	8.00	Swim trunks	4.00
Booties	3.00	Jogging Suit	8.00	(Ladies)	7.00	T-shirts	3.00
Boots	7.00	Mittens	4.00	Slippers	3.00	Thermal pants	3.00
Bras	2.00	Neckties	3.00	Slips	2.00	Thermal shirts	2.00
Caps	3.00	Nightgowns	3.00	Socks (Pair)	1.00	Ties	3.00
Coats (Ladies)	15.00	Overcoats	10.00	Sport Coats	10.00	Tuxedo	25.00
Dresses	8.00	Pajamas	5.00	Suits (Men)	20.00	Undershirts/pants	2.00
Dresses (Formal)	15.00	Purse	3.00	(Ladies)	20.00	Vests	2.00
Gloves	4.00	Rain Coats	7.00	Suspenders	3.00	Wallet	3.00
Handkerchiefs	1.00	Scarves	3.00	Sweaters	10.00	Workpants	6.00
Hats	4.00	Shirts	5.00				

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

A VAVS Subcommittee suggested the following values for hospital supplies:

Afghans/Quilts	\$ 100.00	Laundry Bags	\$ 2.00	Stuffed Animal (Large)	\$10.00
Amputee Stump Covers	3.50	Memo Pads	.25	Suitcase	10.00
Ankle Warmers	2.00	Neck Warmer	12.00	Sunglasses	2.00
Backpacks/Gym Bags	3.00	Pens/Pencils	.25	Towels (Bath)	4.00
Bibs (Feeding)	5.00	Perfume	2.00	(Hand)	3.00
(Trachea)	6.50	Pillows (Neck)	10.00	Vases	2.00
Bedsread	20.00	(Small)	5.00	Walker	20.00
Blankets	8.00	(Large)	8.00	Pockets	3.00
Caps (Knitted)	8.00	Pillow Cases	1.00	Bags	10.00
Catheter bag Covers	2.00	Pitcher Pads	1.00	Wheelchair	50.00
Ditty Bags (Small)	3.00	Scuffies	2.50	Armpads	4.00
(Large)	4.00	Sewing Kits	.50	Bags	7.00
Elbow/Heel Caps (Knitted)	1.50	Sheets (Set)	5.00	Caddies	10.00
Electric Razors	10.00	(Single)	2.00	Cushions	12.00
Hangers	.20	Slipper Socks	4.00	Lap Blankets	35.00
Key Chains	.50	Stress Balls	1.00	Lap Robes (knitted)	50.00
Knee Warmers (Knitted)	3.50	Stuffed Animals	5.00	Lap Robes (quilted)	45.00

Baked Goods:

Brownies	\$ 6.00 dozen	Cupcakes	\$ 6.00 dozen	Pies	\$ 6.00
Cakes	6.00	Cupcakes	.50 each	Sandwiches	3.50 each
Candy (1#)	6.00	Deviled Eggs	4.00 dozen	Sheet Cake	10.00
Cookies (Decorated)	6.00 dozen	Donuts	6.00 dozen	Tray Favors	3.00 (Edible)
Cookies (Plain)	4.00 dozen	Fruitbreads	5.00	Tray Favors	2.00 (Non-edible)

Note: No home baked goods can be accepted.

Bingo Chips (Set)	\$ 15.00	DVDs	\$ 5.00
Books/Games/Magazines (Used)	5.00	Playing Cards (Casino)	6.00
Bowling Ball	20.00	Playing Cards (Used)	1.00
Cassettes	3.00	Puzzles	.25
CDs	4.00	Videotapes	5.00

All items purchased new will be given the actual purchase price (including toiletries). Please leave price tags in place.

Rev. 01/09

ENCLOSURE #12



# 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	VALUE OF MILES	TOTAL VALUE
AMERICANISM						
CHILD WELFARE**						
CIVICS*						
REHAB						
VAVS						

\*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.

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

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

		<u>Times Volunteered</u>	<u>Hours</u>	<u>Miles</u>
1)	Serving on local committees/board			
	Memorial Day	_____	_____	_____
	Fourth of July	_____	_____	_____
	Veterans' Day	_____	_____	_____
	Other: _____	_____	_____	_____
	_____	_____	_____	_____
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/hand outs/etc.	_____	_____	_____
	Elections--voting	_____	_____	_____
	Other: _____	_____	_____	_____
	_____	_____	_____	_____
3)	Presenting American flags/literature to:			
	Schools	_____	_____	_____
	New citizens	_____	_____	_____
	Individuals	_____	_____	_____
	Hospitals	_____	_____	_____
	Other: _____	_____	_____	_____
	_____	_____	_____	_____
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 REPORT**

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

<u>Activity</u>	<u>Times Volunteered</u>	<u>Hours</u>	<u>Miles</u>	<u>Donation</u>
Boy/Girl Scouts	_____	_____	_____	\$ _____
Brownies/Cub Scouts	_____	_____	_____	\$ _____
Camp Fire Group	_____	_____	_____	\$ _____
Children's Day Care	_____	_____	_____	\$ _____
Church/Sunday School	_____	_____	_____	\$ _____
Food, clothing, et cetera to Children of Veterans or active duty	_____	_____	_____	\$ _____
Home Nursing/Babysitting for Children of Veterans or active duty not immediate family	_____	_____	_____	\$ _____
Little League/Sports	_____	_____	_____	\$ _____
National/Department Scholarship Fund	_____	_____	_____	\$ _____
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 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.

MARINE CORPS LEAGUE AUXILIARY  
VOLUNTEER WORKSHEET - CIVICS REPORT

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. 2/03





TRANSMITTAL FORM

NAME OF UNIT: \_\_\_\_\_

DUES FOR THE YEAR ENDING AUGUST 31, \_\_\_\_\_

DATE: \_\_\_\_\_

UNIT TREASURER SEND 4 COPIES TO DEPARTMENT TREASURER. MEMBERS IN UNCHARTERED STATES AND DEPARTMENT TREASURER SEND 4 COPIES TO NATIONAL HEADQUARTERS. USE TWO LINES TO CHANGE ADDRESS (OLD & NEW). RECEIPTED COPY WILL BE RETURNED. TRANSMITTALS FOR NATIONAL DUES MUST GO THROUGH THE DEPARTMENT TREASURER, IF ONE EXISTS. UNIT TREASURERS MAKE CHECKS PAYABLE TO DEPARTMENT TREASURER, MCLA. DEPARTMENT TREASURERS & UNCHARTERED STATES MAKE CHECKS PAYABLE TO NATIONAL HEADQUARTERS, MCLA, INC.

**PLEASE LIST MEMBERS ALPHABETICALLY. PLEASE TYPE OR PRINT NEATLY & LEGIBLY**

CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
LIFE #	STREET ADDRESS (or PO BOX#)		CITY	STATE ZIP+4
CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
LIFE #	STREET ADDRESS (or PO BOX#)		CITY	STATE ZIP+4
CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
LIFE #	STREET ADDRESS (or PO BOX#)		CITY	STATE ZIP+4
CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
LIFE #	STREET ADDRESS (or PO BOX#)		CITY	STATE ZIP+4
CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
LIFE #	STREET ADDRESS (or PO BOX#)		CITY	STATE ZIP+4
CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
LIFE #	STREET ADDRESS (or PO BOX#)		CITY	STATE ZIP+4
CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
LIFE #	STREET ADDRESS (or PO BOX#)		CITY	STATE ZIP+4

<b>CODE</b>	<b>DUES</b>		<b>TOTAL MEMBERSHIP PAID TO DATE</b>
N	___ NEW (Regular)	@ \$ <u>12.00</u> =\$ _____	<b><u>THIS TRANSMITTAL</u> <u>TOTAL TO DATE</u></b>
R	___ RENEW (Regular)	@ \$ <u>12.00</u> =\$ _____	REGULAR MEMBERS _____
RI or RIAM	___ REINSTATE (Reg/Assoc)	@ \$ _____ =\$ _____	REGULAR LIFE MEMBERS _____
T or TAM	___ TRANSFER (Reg/Assoc)	@ \$ <u>0</u> =\$ <u>0</u>	
NLM	___ NEW (Regular Life)	@ \$ _____ =\$ _____	ASSOCIATE MEMBERS _____
LM	___ RENEW (Regular Life)	@ \$ <u>0</u> =\$ <u>0</u>	ASSOCIATE LIFE MEMBERS _____
TLM or TALM	___ TRANSFER (Reg/Assoc Life)	@ \$ <u>0</u> =\$ <u>0</u>	
NAM	___ NEW (Associate)	@ \$ <u>12.00</u> =\$ _____	<b>SIGNATURES</b>
RAM	___ RENEW (Associate)	@ \$ <u>12.00</u> =\$ _____	UNIT TREASURER _____
NALM	___ NEW (Associate Life)	@ \$ _____ =\$ _____	ADDRESS _____
ALM	___ RENEW (Associate Life)	@ \$ <u>0</u> =\$ <u>0</u>	CITY, ST, ZIP _____
	___ BOND	@ \$ <u>3.50</u> =\$ _____	DEPT. REC'D DATE _____
	___ INITIATION FEES	@ \$ <u>5.00</u> =\$ _____	DEPT. TREASURER _____
	___ DEPARTMENT DUES	@ \$ _____ =\$ _____	NATL REC'D DATE _____
<b>TOTAL</b>		<b>\$ _____</b>	NATL HEADQUARTERS _____



# Marine Corps League Auxiliary, Inc.

## INSTRUCTIONS FOR TRANSMITTALS

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:

By-Laws and Administrative Procedures

RE: Bylaws Section 610 - Membership Dues and Fees (A) through (D)

RE: Administrative Procedures Chapter Five - Section 520 - Department Dues

RE: Administrative Procedures Chapter Six - Section 615 - Units

See Enclosure #19 - Instructions are on the Transmittal Form.

Inform your members in regard to 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 transmitted within ninety (90) days after the membership expiration date. (Bylaws Section 620)
2. Before making 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. Unit transmittals are to be a complete set of completed copies. Four copies are to be sent to the Department Treasurer. Where no Department exists, then all copies are sent to the National Executive Secretary.
4. Transmittals are to be either typewritten or printed. **Be sure all copies are legible.** Put your name and address on each page. **If possible, use address labels.**
5. Be sure to list name of Department, Unit and date you write out the transmittal. The date is very important. Be sure to fill this out correctly.
6. **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, including the nine (9) digit zip code, are given.
7. State whether each member is New, Renewal, Reinstated, New Life Member, Renewal Life Member, a Transfer Regular or Life Member, a New Associate Member, a Renewal Associate Member, a new Associate Life Member, a Renewal Associate Life Member, a Transfer Associate Member or a Past National President.
8. **If a member is new**, be sure that two (2) copies of application are forwarded with the 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 the transmittal.
9. If a member is reinstated, enclose past years' dues if unpaid. It is not necessary to include the cost of The Marine Corps League Magazine for the previous year.
10. If a member's address has been changed, use new address for listing and, after all names for per capita dues have been listed, give the old address below. Use asterisk noting that change is being made.

11. Fill in all data at bottom of transmittal, giving number of members being reported paying National dues, number of members paying Department dues and number of members requesting The Marine Corps League Magazine. The Marine Corps League Magazine is optional, but is available to members at a cost of \$3.00 per year. (Please note that all members of the Marine Corps League receive a copy of this publication as part of their yearly dues.) **Indicate the members wanting The Marine Corps League Magazine so that this information can be forwarded to the Marine Corps League by the National Executive Secretary.**

12. **List total membership correctly. List membership total as the number reported on your last transmittal plus the number reported on current transmittal.** Remember that each year's membership starts at zero members. List the number being reported on the present transmittal in addition to those previously reported for the current year. **Only current year's membership counts in total membership.** 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.

13. **Legibly sign** right side where marked "Unit Treasurer" and then print your complete address including nine (9) digit zip code. If transmittal is more than one page long, **be sure to do this on each page**. If the pages get separated, this will help avoid confusion. If you have extra address labels, put one on each page to help expedite. Unfortunately, not all handwriting and printing are legible.

\*\*\*\*\*

DEPARTMENT TREASURER:

1. Thoroughly check transmittals received from Unit. Any omissions or errors are to be corrected before transmitting to National Headquarters.
2. Send two (2) Cover Sheets, properly filled out by the Department Treasurer with the transmittals. One (1) copy will be receipted by the National Executive Secretary and returned with a copy of each transmittal to the Department Treasurer for the Department files. Two (2) cover sheets for your next transmittal will be returned with the receipted cover sheet and copies of the transmittals.
3. Forward four (4) receipted and signed copies of Unit transmittals to:  
MCLA National Headquarters  
8626 Lee Highway, Suite 207  
Fairfax VA 22031-2135
4. Only one (1) application for membership is to be forwarded to National Headquarters for each new member listed on the transmittal.

## MARINE CORPS LEAGUE AUXILIARY

### UNIFORM AND REGALIA CODE

**Revised August 2005**

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. The Cintas Corporation, 5600 West 73<sup>rd</sup> Street, Chicago, Illinois, 60638, was adopted at the 2005 National Convention in Cleveland, Ohio, as the official uniform company of the Marine Corps League Auxiliary.

#### **OFFICIAL UNIFORM**

Uniform shall be a navy blue, two-piece suit with skirt or slacks. Ready-made pieces are available in fabric of 100% wool or 55/45 polyester and wool. For ordering information, go to [www.cintas.com](http://www.cintas.com) (MCLA Account #4098564) or forms are available at [www.nationalmcla.org](http://www.nationalmcla.org). 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 (a full-figured woman may want to wear a more loosely fitted garment) and have full-length sleeves that come to the wrist.

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, so as 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.

Sunbursts are to be worn on the lapels at all times. Sunbursts are purchased in pairs and worn with anchors inboard.

The Auxiliary patch is worn on the left sleeve, one inch (1") below the shoulder seam. 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 square one inch (1") above left sleeve edge. The stars will run parallel to the edge of the sleeve, starting at the thumb and going to outside of sleeve. Absolutely NO stars are to be worn on the white blouse.

The Ribbon Badge is a bar with a four-inch (4") long ribbon attached with a sunburst medallion at the bottom. 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 Chaplain's pin; a Gold Star Mother's pin (Gold Star Mothers only); a Small American Flag; an Auxiliary Membership pin; a Drop of Blood pin; a Hospital or VAVS pin (you must have proof of 50 hours of hospital service to be eligible for hospital pin and bar), a Presidential Citation pin. (Rev. 8/08)

## **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. The Past Department President's pin shall be the same, set with blue stones. The Past Unit President's pin shall be the same, set with red stones.

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. Any commemorative pin celebrating years involved in the M. C. L. A. 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 the VAVS Blood Bank. Only one pin may be worn.

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

VAVS or Hospital pin is a round pin with an hours bar attached. 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)

## **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 gross grain 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 gold 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.

Purchased blouses may be:

- a. One (1) opened top pocket on left side only. No buttons, flaps or pleats on pockets.
- b. Fitted blouse may be purchased from any Air Force base. (Order a much larger size than you usually wear, as they seem to be very small.)

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 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.

A continental tie must be worn correctly around the neck by crossing the same direction as the front of the blouse (Right over left).

Flea ribbon may be worn with the uniform.

A purse is to be small, black, preferably leather, with a shoulder strap. It is to be carried when in uniform and a 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. No dangle earrings are allowed.

Nametags, other than the official Convention Badge, are not to be worn on the uniform at the National Convention and 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. Lettering of "Marine Corps League Auxiliary" on the left side. No other wording or jewelry should be on the left side of the cover. The official sunburst pin shall be placed on covers near 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.

Office 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 1-1/2" (or two-finger width) above the eyebrows, square on the head. Covers should be worn when in attendance at meetings, as this constitutes a uniform suitable for a meeting; however, it is not considered an official uniform. See page 27 for official uniform description. Covers may be worn with street clothes when attending meetings. Covers should not be worn with inappropriate clothing such as: shorts, bathing suits, sweat suits.

Cover of highest rank shall be worn. Cover shall always be worn with uniform.

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 PDP's may continue to wear this cover.

National Covers: gold in color with lighter than navy blue piping. Lettering on right side, 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 occasions. 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. The only exceptions are the Past 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 then revert to gold cover with blue piping and lettering or purchase a white cap with gold sides and blue piping and lettering. National Headquarters will purchase the National President's white cover.

Covers are never worn at a Past President's breakfast or luncheon as these functions are held to honor all Past Presidents and no distinction is given to level of service.

Auxiliary covers are not to be worn with evening wear.

## **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 sleeve tailored blouse with white pearl or fabric covered buttons. A 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 or slacks (color and fabric matching the Official Uniform), white blouse with or without 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.

## **CASUAL WINTER UNIFORM:**

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 may be worn on the right side of the blouse or on the left lapel when wearing the jacket. The recruiting ribbon may be worn (stacked) on the left side of the blouse or on the left lapel when wearing the jacket. (Rev. 8/09)

## **CURRENTLY SERVING PRESIDENT'S MEDALLION:**



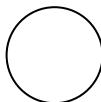
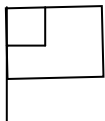
May be purchased by a Department or Unit and be given to the President to wear during her term of office. This medallion may be worn with street clothes. The medallion may be worn on the right lapel of the jacket during her term of office. When the term is completed, she no longer wears the medallion 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)

**ALTAR CLOTH:** Should be approximately fifty-four to sixty inches (54"-60") square in royal blue in satin type finish fabric. Three-inch (3") high gold letters – MCLA – are to be placed along one side. (White letters may have to be sprayed gold, as it is very difficult to purchase gold letters. Be sure to notify the cleaners if letters are sprayed gold.) Three-inch gold fringe is to be put on all four sides.

# MARINE CORPS LEAGUE AUXILIARY

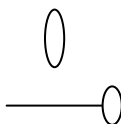
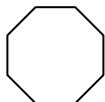
## Ribbon Badge

American Flag



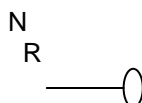
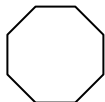
Membership Pin

National President



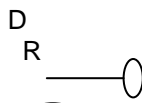
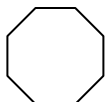
Drop of Blood Pin

Department President



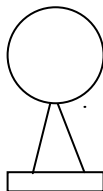
National Regent

Unit President



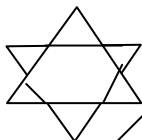
Department Regent

Presidential Citation Pin



Flea Pin if not worn on designated ribbon

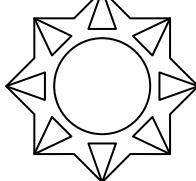
Hospital Pin and Bar with Hours Optional – Can be worn on Badge or Uniform or on street clothes



Gold Star if entitled to wear

Chapel of Four Chaplains Pin if entitled to wear

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



Sunburst



## MARINE CORPS LEAGUE AUXILIARY COVER ( CAP )



Overseas style.

Wear 1 ½ inch ( or 2 finger width ) above the eyebrows, square on head.

Are not to be worn on back of head.

Should be worn when in attendance at meetings, as this constitutes a suitable uniform for a meeting. IS NOT CONSIDERED AN OFFICIAL UNIFORM for the Auxiliary. May wear with street clothes for a meeting.

DO NOT wear with inappropriate clothing ( shorts, bathing suits, sweat suits). Always wear with uniform.

Are never worn at a Past President's breakfast or luncheon as these functions are held to honor all Past President's and no distinction of level of service is given.

Cover of highest rank is worn.



Right Side: patches or embroidery of Life Member centered above Unit or Department identification.

Right Side: Chaplain's cross may be worn during her tour of duty.



Left Side: lettering of " Marine Corps League Auxiliary"

Left Side: sunburst pin near front and half the width of the cover.

Unit—Scarlet red in color with gold piping.

Right side states name of Unit, City, State and Office.

Colors:

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 - 1. Gold in color with lighter than navy piping.

2. Lettering states name of office.

3. Worn by elected officers.

4. Appointed officers may wear gold cover while doing floor work on official occasions.

5. 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 President's - exception:

1. White cover with blue piping and lettering of National President during her term of office only.

2. After her term expires she reverts to gold cover with blue piping and lettering or purchases a white cover with gold sides , blue piping and lettering.

3. National Headquarters purchases the National President' white cover.



# MARINE CORPS LEAGUE AUXILIARY



## NOTICE OF DEATH

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

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

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

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

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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

Title and Unit \_\_\_\_\_

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

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

Email \_\_\_\_\_

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. 08/2009

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 Executive 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 Cover Sheet:

Enclosure #26 is to be used by the Department Americanism Chairman when completing the 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 National Americanism 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 Department Americanism Chairman and given to her successor for record.

3. Child Welfare/Rehabilitation/Civics/VAVS/Girl Scout Cover Sheet:

Enclosure #25 is to be used by each of the above named Department Chairman 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. 8/02

## MARINE CORPS LEAGUE AUXILIARY COVER SHEET

**REGULAR & LIFE**                      **ASSOCIATE**  
 DEPARTMENT OF \_\_\_\_\_ LAST REPORT \_\_\_\_\_ LAST REPORT \_\_\_\_\_  
 TREASURER \_\_\_\_\_ REPORTING \_\_\_\_\_ REPORTING \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_ DATE \_\_\_\_\_

UNIT NAME	REGULAR			LIFE			ASSOCIATE		MISC.	
	NEW	RENEW	RI	NEW	RENEW	PNP	NEW	RENEW	MARINE NEWS	BOND

**RECAP:**

RENEWAL	_____	@ \$ 12.00	=	\$ _____
NEW	_____	@ \$ 12.00	=	\$ _____
REINSTATE	_____	@ \$ 12.00	=	\$ _____
ARREARS	_____	@ \$ 12.00	=	\$ _____
NEW LIFE	_____	@ \$ _____	=	\$ _____
INITIATION FEE	_____	@ \$ 5.00	=	\$ _____

RENEWING LIFE MEMBERS	_____	@ \$ 0.00		
PNP's RENEWING	_____	@ \$ 0.00		
TRANSFERS	_____	@ \$ 0.00		

SUB-TOTAL ..... \$ \_\_\_\_\_

BONDS	_____	@ 3.50	=	\$ _____
MARINE NEWS	_____	@ 3.00	=	\$ _____
MISCELLANEOUS	_____	@	=	\$ _____

BALANCE DUE:      MONEY OWED TO NATIONAL ..... \$ \_\_\_\_\_

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

CHECK NUMBER: \_\_\_\_\_                      TOTAL..... \$ \_\_\_\_\_

NATIONAL HEADQUARTERS: \_\_\_\_\_ NATIONAL REC'D DATE: \_\_\_\_\_

SEND 2 COPIES TO NATIONAL  
MAKE CHECKS PAYABLE TO NATIONAL HEADQUARTERS, MCLA, INC.



**MARINE CORPS LEAGUE AUXILIARY  
COVER SHEET**

Page \_\_\_\_\_

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

REPORT (please check one)

\_\_\_\_\_ AMERICANISM      \_\_\_\_\_ CHILD WELFARE      \_\_\_\_\_ CIVICS  
\_\_\_\_\_ REHABILITATION      \_\_\_\_\_ VAVS      \_\_\_\_\_ GIRL SCOUTS

CHAIR \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL OR PHONE \_\_\_\_\_

UNIT NAME	#MBRS	TIMES VOLUNTEER	HOURS	DONATIONS	MILES	VALUE OF MILES	TOTAL VALUE
<b>TOTALS</b>							

CIVICS ONLY 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

Enclosure #25







# Marine Corps League Auxiliary, Inc.

## OATH OF OBLIGATION

"I, \_\_\_\_\_, in the presence of Almighty God, and the member 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

TO BECOME A VAVS REPRESENTATIVE OR DEPUTY  
REPRESENTATIVE AT A V.A. HOSPITAL  
OR COMMUNITY BASED OUTPATIENT CLINIC

**VAVS means VETERANS ADMINISTRATION VOLUNTARY SERVICE**

You must be a member in good standing in the Marine Corps League Auxiliary. An Associate Member is welcome as a volunteer at a VA Hospital or Clinic and her volunteer hours can be reported by the Hospital for Auxiliary credit.

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, in which case, request for certification comes from the Department. In a city where no Unit exists, the interested Volunteer must contact the National Representative. The National Representative shall review situation and determine whether that member should be certified to represent the Marine Corps League Auxiliary, Inc.

Certification of a VAVS Representative or Deputy can be handled only by the National VAVS Representative - do not contact the hospital. The National Representative shall send a letter on official letterhead to the Chief of Voluntary Service (or equivalent position) at the VA, certifying the member and giving expiration date of certification. The hospital will then contact the member by letter acknowledging certification and making arrangements for orientation. We have a few longtime Representatives and Deputies who carry an indefinite certification status. However, most of them are certified for a two-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, phone, address, etc., as soon as possible.

Representatives and Deputies must be regularly scheduled volunteers at VA or Clinic. The Hospital Staff determines duties at the Hospital or Clinic.

Advisory Committee meetings are held quarterly. All VAVS Representatives and Deputies are required to attend on a regular basis, and the VA staff has the right to cancel certification if three consecutive meetings are missed. The Representatives and Deputies, in order to gain information of needs and changes at the Hospital or Clinic and to pass this information on to the Unit and Department, should attend all meetings. You may alternate your attendance.

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 VAVS, since it would only be referred back to the MCLA National Representative. This seldom happens. Most of our Representatives and Deputies, as well as all volunteers, have a good relationship with the VA staff and with each other. They are dedicated to their volunteer assignments and take great pride in being able to make life easier for the hospitalized and clinic patients.

Show your members the enclosed information about the VAVS Award - we welcome applicants and nominations.

WE ARE A PROUD AND DEDICATED GROUP OF VOLUNTEERS, REPRESENTATIVES AND DEPUTIES. OUR PROBLEMS ARE FEW AND OUR ACCOMPLISHMENTS ARE MANY... BE PROUD OF WHAT WE DO.

(Rev.8/01)

## THE VAVS PROGRAM NEEDS YOU!

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

The VAVS 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 VAVS program, read the following to find out how you can become one of those WHO CARES.

The Unit President or Secretary must write a letter to the current National VAVS Representative requesting that a member or members be certified as a representative or deputy representative to a particular Department of Veterans Affairs Medical Center. It is necessary to send names and addresses of the interested individuals. The VAMC can have only one representative and up to three deputy representatives from any one organization.

Certification is for a two (2) year period. When this time is up, the person or persons must be re-certified if they wish to continue in the VAVS program. The National VAVS Representative will contact the Chief of Voluntary Service to accomplish this as the expiration date draws near.

The Department of Veterans Affairs makes the rules and every veterans organization follows the same rules. An Auxiliary member cannot represent us at a Medical Center if she is representing another organization or is a VA employee.

The representative or deputies may be dropped from the VAVS Advisory Committee by the VA if they miss three (3) regularly scheduled meetings. It is only necessary that one of those certified attend a meeting. It is important to try to select persons that can attend the quarterly VAVS meetings. VA Central Office now has a person monitoring the attendance of all organizations. The reason for attending these meetings (as well as showing interest) is to keep the Units informed of the activities, needs, and welfare of the hospitalized veterans.

As soon as names and necessary information is sent to the National VAVS Representative, they will be sent on to the Chief of Voluntary Service of the Medical Center in which these ladies wish to be involved. The Chief will then contact the individuals with needed information.

The Marine Corps League Auxiliary can use more people in this program. If more information is needed, please contact the National VAVS Representative or Deputy.

(Rev 8/01)

JAMES H. PARKE SCHOLARSHIP AWARD  
FOR STUDENTS WHO VOLUNTEER AT  
V.A. HOSPITALS AND CLINICS THROUGHOUT THE UNITED STATES

This program was originally started by James H. Parke and has carried on over many years with his original support and the continuing support of many Corporations, small businesses, volunteers, VA personnel, and those who have heard of the program and are anxious to contribute to it so that the efforts of student volunteers in these facilities can be brought to the attention of all Veteran Organizations and of the business and private community. All of these contributions keep this very worthwhile Scholarship Program alive, and give those student volunteers a little more incentive to keep up their great work and perhaps to continue volunteering through their adult lives. Some even continue their work with veterans by serving these same hospitals as a professional in later life.

All nominations and applications must be handled through the VA Hospital with which the student is affiliated. Guidelines must be followed and paperwork must be received in a timely manner.

Student hospital volunteers from age 14 through senior year of high school are eligible for this award. All nominations must be handled by and processed through the VA Hospital for which the student volunteers, and then submitted to the Parke Board. The National VAVS Representatives of all the member organizations of the VAVS who are present at the annual meeting elect this Board. There are seven (7) members. These members then meet and elect their officers - each for a three-year period, and terms are staggered so there are always continuing officers. Selection of winners - usually first, second and third places are made by the Board, upon recommendation of the selection committee.

Prizes are determined by available funds - the interest from the on-hand balance of the fund. Interest from the account is the only amount that can be awarded.

If you have a friend, relative, etc, who is a student volunteer and meets the time and activity criteria, we strongly urge you to ask the student's family to pursue this quest. Amounts change from year to year, and guidelines can be altered when necessary. Therefore, these specifics should be obtained from the Chief of Voluntary Service at the hospital in question. In the year of this writing (2001) the prizes awarded to the students were \$10,000, \$6,000 and \$4,000. Prizes can be used for education only and should be used before age 25 is attained.

Help any eligible student hospital volunteer...no contest can be won if entry is not made.

Applications for this scholarship award should be available at your VA Hospital the early part of the year, must be completed by the student volunteer with personal data, volunteer history and his/her personal comments, and accompanied by letter of recommendation from student's supervisor, member of hospital administration, and possibly a community administrator.

GOOD LUCK!

**\* VAVS SERVICE AWARD \***

**MARINE CORPS LEAGUE AND AUXILIARY  
VOLUNTEER AWARD FOR EXCELLENCE IN  
SERVICE TO OUR VETERANS IN THE  
DEPARTMENT OF VETERANS AFFAIRS  
VOLUNTARY SERVICE PROGRAM**

The Veterans Administration 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 Auxiliary member chosen by the VAVS Committee as most deserving of this award for leadership in the VA Hospital program. Ours was the first organization of the National VAVS Advisory Committee to establish such an award. Volunteers in our VAVS 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.

The original trophy was retired in August 1978 at the National Convention in Milwaukee, and replaced with a similar trophy by Hy and Sue Rosen, with stipulation that henceforth winner(s) shall be a member of the League and/or Auxiliary. Smaller trophies were also provided the last of which was given to the 1999 winner. The regular trophy was lost during the move from temporary to permanent headquarters after the fire in 1993 and renovation completed in 1994.

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 VAVS Representatives and Deputies of the League and Auxiliary and past winners.

Winners each year at National Convention shall be chosen by the National VAVS Representatives and Deputies of both the League and Auxiliary, and any interested previous winners present at that Convention. Names will not be divulged until the annual VAVS 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 two previous years. The Committee reserves the right to choose one who has not been properly sponsored but meets other criteria - the vote must be 100% in such case.

Criteria for eligibility to be chosen as the outstanding volunteer of the year in the VAVS 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 VAVS quarterly meetings if a currently certified Representative or Deputy.
4. Must have a letter of recommendation submitted to the Committee by a VAMC Director, Chief 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. Qualifications should include one or more of the following: outstanding hours, special programs, leadership, manner in which patients are cared for, or other service provided which significantly adds to the better care of veteran patients under the VAVS Program.

Recommendations should be sent to your National League or Auxiliary VAVS Representative no later than July 10.

(Rev. 3/01)



In order to keep uniform records and files, please use this form for all requests for certification and/or re-certification of Marine Corps League VAVS Representatives and Deputies. If the space provided is not sufficient, use the other side or an additional piece of paper to complete your request. PLEASE PRINT OR TYPE THE INFORMATION.

Return the form directly to your National VAVS Representative.

From: Unit Name \_\_\_\_\_ City & State \_\_\_\_\_

Hospital Served \_\_\_\_\_ City & State \_\_\_\_\_

To: National VAVS Representative, Marine Corps League Auxiliary

Please certify (or recertify) the following:

**Certify**                      **Name:** \_\_\_\_\_  
 **Recertify**  
**as**                                      **Address:** \_\_\_\_\_  
 **Representative**  
 **Deputy #** \_\_\_\_\_              **City, State & Zip:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_                      **Name & relationship of Marine by**  
**whom you are eligible** \_\_\_\_\_

**Certify**                      **Name:** \_\_\_\_\_  
 **Recertify**  
**as**                                      **Address:** \_\_\_\_\_  
 **Representative**  
 **Deputy #** \_\_\_\_\_              **City, State & Zip:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_                      **Name & relationship of Marine by**  
**whom you are eligible** \_\_\_\_\_

**Certify**                      **Name:** \_\_\_\_\_  
 **Recertify**  
**as**                                      **Address:** \_\_\_\_\_  
 **Representative**  
 **Deputy #** \_\_\_\_\_              **City, State & Zip:** \_\_\_\_\_  
**Phone #** \_\_\_\_\_                      **Name & relationship of Marine by**  
**whom you are eligible** \_\_\_\_\_

Date \_\_\_\_\_ (Signed) \_\_\_\_\_  
**Unit President**

(Rev 8/01)

## NATIONAL M. C. L. A. MEMORIAL FUND GUIDELINES

The National M. C. L. A. Memorial Fund Committee is a Standing Committee of the Marine Corps League Auxiliary. All monies from donations, remembrances or memorials generated by this Fund are to be used ONLY for assisting needy veterans and/or their families. Selection of recipients will be at the discretion of the Committee.

The National M. C. L. A. Memorial Fund is similar to the Marine Corps League Foundation, although it is not a 501(C)(3). Before this Fund was established, the Auxiliary was financially unable to assist a veteran and/or his/her family who found themselves in a difficult financial situation. By developing this Fund, the Auxiliary can now attempt to alleviate, in a small way, the burden and stress that unforeseen calamities can create.

When the Fund receives a donation "in memory of" someone, an acknowledgment will be sent to the person making the donation and an announcement is sent to the family of the honored or deceased.

When a catastrophe or unexpected trouble befalls a family and assistance from the Fund seems worthy, it is necessary to notify the Chairman of this Committee. Submit a request on letterhead from your Unit, Detachment or Department on behalf of the veteran and/or his/her family stating the particulars or nature of the request.

Since the funds are in constant need of replenishing, your gift, however large or small, in the name of a loved one, perpetuates their memory, as well as helping a veteran in need.

The National M. C. L. A. Memorial Fund forms are enclosed each year in the President's Packet. Please make extra copies locally to have on hand should the need arise for you to make a request for assistance or to make a donation.

Rev. 8/02

## 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 fowl anchor with flowing motto ribbon in beak of eagle and two flowing scrolls.

The Marine Corps insignia consisting of Eagle, Globe and Fowl 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. Fowl 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 be ordered directly from:

George Lauterer Corporation  
C/O John Joyce, Owner  
619 South Lasalle Street  
Chicago, IL 60605  
Telephone: 312-913-1881

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.

Rev. 2/78