

Membership Application

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____

Date of Enlistment/Commissioning _____

Date of Discharge/Separation/Retirement _____

Phone Number _____

Email Address _____

You are applying for an annual membership of the MARINE CORPS LEAGUE DETACHMENT #695. You hereby certify that you have served as a UNITED STATES MARINE for more than 90 days, that the character of your service has been honorable, and if discharged, you have receipt of an honorable discharge. By submitting this application, you certify that if asked you will provide proof of an honorable discharge.

Upon submitting this application, you will be contacted and asked to send a check or money order to the assign paymaster at the time of application for the yearly membership fee of \$25.00.

**** All Fields On This Form Are Required ****