



## MARINE CORPS LEAGUE MEMBERSHIP APPLICATION

Please PRINT Legibly

I hereby apply for membership in the MCAS El Toro Detachment 017.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Married: Y N (Circle one) Next of Kin: \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Date of enlistment/commissioning: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Service Number /SSN \_\_\_\_\_ Sponsor \_\_\_\_\_

Type of Application: ( ) New ( ) Life ( ) Associate Member

I hereby apply for membership in the Marine Corps League and enclose \$40.00 for one year membership.

I am also enclosing a copy of my last DD-214 for verification of eligibility.

I hereby certify that I am currently serving or have served honorably in the U.S. Marine Corps, on active duty, for not less than (90) days\* or have served or am currently serving in the U.S. Marine Corps Reserve and have earned no less than ninety (90) Reserve Retirement Credit Points or that I have served or am currently serving as a U. S. Navy Corpsman who has trained with Marine FMF Units in excess of ninety (90) days and earned the Marine Corps Device or Warfare Device worn of the Service Ribbon authorized for FMF Corpsmen. By signature on this application, I hereby agree to provide proof of honorable service/discharge upon request. "Honorable service" will be defined by the last DD-214 or Certificate of Discharge that the applicant received. General Discharge under Honorable Conditions is acceptable. If the date of my application for membership is subsequent to August 10, 2007, I hereby authorize the National Executive Director, Marine Corps League to obtain a copy of my latest DD-214 from the National Personnel Records Center if deemed necessary to verify my eligibility for regular membership in the Marine Corps League.

(\* Korean War Era Marines see National Bylaws, Article6, Section 600).

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Upon completion of application, turn it in to your Detachment Sponsor with required Payment and copy of DD-214. If paying by check, make check out to: "MCAS El Toro Detachment 017".