

APPLICATION FOR MEMBERSHIP

Date: _____
Name: _____
Street: _____
City: _____ State: _____
Zip + 4: _____
Phone Number: _____
E-Mail Address: _____
Date of Birth: _____
Date of Enlistment/Commissioning: _____
Date of Discharge/Separation/Retirement: _____
SS#: _____

Type of Application:

- I hereby apply for membership in the DeKalb County Marines-Detachment #847, Marine Corps League and enclose \$27.00 for a one year membership.*

or

- I hereby apply for membership in the Marine Corps League as a Member-at-Large and enclose \$27.00 for a one year membership.*

*Includes \$2.00 subscription to MARINE CORPS LEAGUE magazine

I hereby certify that I have served as a U.S. Marine for more than 90 days, that the character of my service has been honorable, and if discharged, I am in receipt of an honorable discharge. By signature on this application, I hereby agree to provide proof of my honorable discharge upon request.

(Sponsor - where applicable)

(Applicant's Signature)

Upon completion, submit to Detachment sponsor with required payment or mail to DeKalb County Marines, P.O. Box 141, Cortland, IL 60112-0141