

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 321, Sycamore, IL 60178