

MEMBERSHIP APPLICATION

Name:

Street:

City: State: Zip:

Spouse’s Name: Spouse’s Date of Birth: Month Day

E-mail:

Home Phone: Cell Phone: Work Phone:

Date of Birth: Date of Enlistment/Commissioning:

Date of Discharge/Separation/Retirement: SS#

Type of Application: Dual ( ) Associate ( ) Regular ( ) Branch of Service:

( ) I hereby apply for membership in the **Riverfront Marines, Detachment #1132, Marine Corps League** and enclose **$36** for one year’s membership.\*

\* Includes free subscription to MARINE CORPS LEAGUE MAGAZINE

I hereby certify that I am currently serving or have served honorably in the U. S. Marine Corps, U. S. Army, U. S. Navy, U. S. Air Force, U. S. Coast Guard, on active duty, for no less than ninety (90) days or have no less than ninety (90) days Reserve Retirement Credit Points. If discharged, I am in receipt of an honorable discharge or DD 214. By signature on this application, I hereby agree to provide proof of honorable service/discharge upon request.

Sponsor’s Signature Applicant’s Signature

MAIL TO:

Marine Corps League

Riverfront Marines, Detachment #1132

Attn: Membership Department

P.O. Box 6824

North Augusta, SC 29841