



**MARINE CORPS LEAGUE
APPLICATION FOR REGULAR MEMBERSHIP**

Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Your Phone: _____ Your E-mail: _____

Date of Birth: ____ / ____ / ____

Date of Enlistment/Commissioning: ____ / ____ / ____

Discharge/Separation/Retirement: ____ / ____ / ____

Service #: _____

I hereby enclose \$31.00 for one year's membership in the Marine Corps League as a member of the Tri-Cities Detachment #969: All memberships include 1-year 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 honorable discharge/service upon request.

Applicant's Signature

[Sponsor-where applicable]

Upon completion, send this form to:

Jack W. Larkey, Paymaster
**Tri-Cities TN Det. #969 MCL
2413 Stewart St.
Johnson City, TN 37601**