

Marine Corps League Membership Application

Please Print Legibly

I hereby apply for membership in the Marine Corps League, Cornhusker Detachment #370.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Your date of birth: ____/____/____ (mo/day/yr)

Your date of enlistment/commissioning: ____/____/____ (mo/day/yr)

Your date of separation: ____/____/____ (mo/day/yr)

Service Number/SSN: _____

Have you ever been convicted of a felony? _____ If yes, do you agree to waive your rights under the Privacy Act and disclose the nature of the felony conviction for consideration of membership in the Marine Corps League? _____

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

() I hereby apply for membership in the Cornhusker Detachment, Marine Corps League and enclose **\$ 37.00** for one year's membership *

() I hereby apply for membership in the Marine Corps League as a Member at Large (MAL), and enclose \$30.00 for one year's membership *

* (Includes free subscription to "*Semper Fi*", **The Magazine of the Marine Corps League**)

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 ninety (90) days * and have earned the Eagle, Globe and Anchor 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 on the Service Ribbon authorized for FMF Corpsmen. If discharged, I am in receipt of a DD Form 214 or Certificate of Discharge indicating "Honorable Service". *General discharge under Honorable Conditions is acceptable.* By signing below, I hereby agree to provide proof of honorable service/discharge upon request.

(*Korean War Era Marines See National Bylaws, Article 6, Section 600)

Sponsor's Name (If needed): _____ Signature: _____

Date: ____/____/____ (mo/day/yr)

Return completed application to your Detachment sponsor, the Detachment Paymaster or any Detachment Officer with required payment, and all applicable forms.