



MARINES CORPS MUSTANG ASSOCIATION, Inc.

MEMBERSHIP APPLICATION



Please Type or Print

Name (Last, First MI):		Rank:	Date of Birth:	Spouse:
Home Mailing Address: (Number & Street):		City:	State:	ZIP + 4:
Current Status: USMC USMC (Ret) USMCR USMCR (Ret) FMCR USMC Former Other:	HIGHEST RANK HELD IN EACH CATEGORY: Enlisted: Warrant: Commissioned:		SERVICES OTHER THAN USMC: ENLISTED: OFFICER (e.g., USA, USN, USAF)	
SHOW ALL DATES AS MONTH/DAY/YEAR				
DATES OF RESERVE SERVICE: From: ___/___/___ To: ___/___/___		Military Occupation: (M.O.S.)	DATES OF ENLISTED SERVICE: From: ___/___/___ To: ___/___/___	
Military Occupation: (M.O.S.)		Military Occupation: (M.O.S.)		
DATES OF WARRANT SERVICE: From: ___/___/___ To: ___/___/___		Military Occupation: (M.O.S.)	DATES OF COMMISSIONED SERVICE: From: ___/___/___ To: ___/___/___	
Military Occupation: (M.O.S.)		Military Occupation: (M.O.S.)		
HOME PHONE NUMBER: ()	WORK PHONE NUMBER: ()	EMAIL ADDRESS:		
DATE RETIRED OR RELEASED FROM ACTIVE DUTY:				
REQUIRED CERTIFICATION: I hereby certify the statements and answers presented on this application, including any accompanying data, is true and complete to the best of my knowledge and belief. Signature: _____ Date: _____				
RECOMMENDED FOR MEMBERSHIP BY:				
MAIL WITH CHECK FOR \$40.00 MADE PAYABLE TO MARINE CORPS MUSTANG ASSOCIATION, INC. ADDITIONALLY, ENCLOSE YOUR DD-214(s) WHICH SHOW YOUR ELIGIBILITY FOR MEMBERSHIP OR OTHER OFFICIAL DOCUMENTATION SUCH AS A COPY OF THE APPOINTMENT AND ACCEPTANCE RECORD WHICH IS FILED IN THE OFFICERS QUALIFICATION RECORD. DEPLOYED ACTIVE DUTY MARINE WARRIORS ARE EXEMPT FROM THE DD-214 REQUIREMENT UNTIL RENEWAL. MAIL TO: <p style="text-align: center;">MARINE CORPS MUSTANG ASSOCIATION, INC. P. O. Box 190 Quantico, VA 22134-0190</p>				