



MARINES CORPS MUSTANG ASSOCIATION, Inc.



MEMBERSHIP APPLICATION

New \$40 Renewal \$35

Member ID #

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 Veteran 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 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. ACTIVE DUTY MARINES ARE EXEMPT FROM THE DD-214 REQUIREMENT UNTIL RENEWAL. MAIL TO:  <b>MARINE CORPS MUSTANG ASSOCIATION, INC.</b> <b>P. O. Box 190</b> <b>Quantico, VA 22134-0190</b>				