

APPLICATION FOR MEMBERSHIP MARINE CORPS LEAGUE LOUDOUN COUNTY DETACHMENT # 1205

name:				
Address:				
City:	State:	Zip:	Birth Date:	-
Phone:	E-mail:			
Date of Enlistment/Commission	ning: Date	of Discharge/S	eparation/Retirement	
Type of Application: New	Renewal Membersh	hip Type: Regul	ar Associate	
Have you ever been convicted rights under the Privacy Act ar				
membership in the Marine Cor	rps League.			
I hereby apply for membership	in the Loudoun County	Detachment, M	arine Corps League and enclose	
	ncludes your subscriptior	n to the Marine	be \$40.00 annually and will be billed Corps League Magazine, Semper Fi. It	:
States Marine Corps, "ON AC Anchor;* or have served or an no less than ninety (90) Reser U.S. Navy Corpsmen who has Marine Corps Device (clasp) or have served or are currently Marines; If discharged, I am in	TIVE DUTY," for not less no currently serving in the ever Retirement Credit Poistrained with Marine FMF or the Warfare Device work serving as a U.S. Navyn receipt of a DD Form 21	than ninety (90) United States Mints; or that I had units in excession on the Servicy Chaplain and I do a Certification.	r have served honorably in the United) days and earned the Eagle, Globe ar Marine Corps Reserve and have earned we served or am currently serving as a s of ninety (90) days and earned the se Ribbon, authorized for FMF Corpsmave earned the FMF Badge serving we see of Discharge indicating "Honorable service via DD-214 or other ID.	d en;
If currently on active duty, a copurpose as the DD Form 214.	ppy of your military ID or	presenting it at	your initial meeting will serve the same	
served as a member of anoth	er branch of the U.S. Mil and if discharged, I am ir	litary for more the n receipt of an h	eby certify I am serving or have honora nan 90 days and that the character of nonorable discharge. By signature on twice via DD-214 or other ID.	my
Marine Corps League, I hereb	y certify that I espouse the mal Charter, and apply to	ne principles and the Detachmer	t qualified for regular membership in the purposes of the Marine Corps Leagunt be accepted for associate membersles is required.	е
Applicant's Signature			Date	
Upon completion either:			le to MCL Loudoun County Detachme	nt

2. Mail this application form, a copy of your DD-214, and your check for \$45.00 (payable to MCL Loudoun County Detachment #1205) or, if currently on active duty, just the form and a copy of your ID card, to:

#1205) to a meeting. If currently on active duty, just bring the application and your current ID card

OR