



## CAPITAL DETACHMENT MEMBERSHIP APPLICATION

Entire form needs to be filled out (\* required) (\*\*for life membership)

\*Name: Last ,First ,MI \_\_\_\_\_

\*Phone Number: (\_\_\_\_\_) \_\_\_\_\_

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_

\*State: \_\_\_\_\_ \*Zip+4: \_\_\_\_\_ \*\*Birth date: \_\_\_\_\_

( ) Male ( ) Female

\*I am requesting membership as a: ( ) Regular member ( ) Associate member

\*Have you ever been convicted of a felony? YES  NO

If yes is checked, I agree to waive my rights under the Privacy Act and disclose the nature of the felony conviction for consideration of membership in the Marine Corps League.

Branch of Service: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Status (Active/Reserve/Retired or end of service) \_\_\_\_\_

Date of Enlistment/Commission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\*Signature \_\_\_\_\_

\*Referred by \_\_\_\_\_

***\*Please send copy of DD214 with application or proof of military service if applying for Regular MCL member, DD214 will be returned after verification.***

**\*Please make checks payable to: Capital Detachment #148**

1<sup>st</sup> year **\$30.00** every year after **\$25.00** (1<sup>st</sup> year a \$5.00 processing fee)

Send to:

Paymaster Wendy Zamora  
412 W. Harris St.  
Charlotte, MI 48813

email: [halfpint16@ameritech.net](mailto:halfpint16@ameritech.net)

If you are purchasing a life membership you still must pay for the first year  
(**\$30.00 + life membership**)

## Regular Membership

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 \* 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 an Honorable Discharge or DD214. By signing below, I hereby agree to provide proof of honorable service/discharge upon request. **(Please attach copy of Honorable Discharge or DD214)**

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

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.