



CAPITAL DETACHMENT MEMBERSHIP APPLICATION

Entire form needs to be filled out

Name: Last ,First ,MI _____

Phone Number: (_____) _____

Address: _____

City: _____

State: _____ Zip: _____

Birth date: _____

() Male () Female

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

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

Please make checks payable to: Capital Detachment #148

1st year \$30.00 every year after \$25.00 (1st year a \$5.00 processing fee)

Send to:
Phil Zamora
412 W. Harris St.
Charlotte, MI 48813

email: gunnyz@capitalmcl.com

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