



FIRST STATE DETACHMENT MARINE CORPS LEAGUE

Membership Application
First State Detachment, Inc.
P.O. Box 434
Ocean View, DE 19970



Name: _____ Date: _____

Street: _____ Apt.# _____

City: _____ State: _____ Zip+4 _____

Date of Birth ____/____/____ / Date of Enlistment/Commissioning: _____

Date of Discharge/Separation/Retirement: _____ Spouse's Name: _____

Type of Application: New Renewal Associate Member
(Circle One)

Phone: (____) _____ Email: _____@_____

Have you ever been convicted of a felony? YES NO If yes is circled, 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.

I hereby apply for membership in the FIRST STATE DETACHMENT, Marine Corps League and enclose \$30.00 (Thirty Dollars) for one year's membership.*

*Includes a \$2.00 subscription to the MARINE CORPS LEAGUE MAGAZINE.

I hereby certify that I have served as a U.S. Marine or U.S. Navy Corpsman who has trained with Marine FMF units for more than 90 days, that the character of my service has been honorable, and if discharged, I am in receipt of an honorable discharge. By signature on this application, I hereby agree to provide proof of honorable discharge/service upon request

_____ (Sponsor)

_____ (Applicant)