



APPLICATION FOR MEMBERSHIP



Marine Corps League, Loveland Detachment 1250
PO Box 7861, Loveland, CO 80537

NAME: _____ PHONE: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ DATE OF ENLISTMENT/COMMISSIONING: _____

DATE OF DISCHARGE/SEPARATION/RETIREMENT: _____

TYPE OF APPLICATION: NEW RENEWAL DUAL ASSOCIATE REGULAR

EMAIL: _____ SPOUSE: _____

I HEREBY APPLY FOR MEMBERSHIP IN THE LOVELAND CO. #1250 DETACHMENT, MARINE CORPS LEAGUE AND ENCLOSE \$41.00 FOR ONE YEAR'S MEMBERSHIP
(INCLUDES FREE SUBSCRIPTION TO MARINE CORPS LEAGUE MAGAZINE)

I HEREBY CERTIFY THAT I HAVE SERVED AS A UNITED STATES MARINE FOR MORE THAN 90 DAYS, THAT THE CHARACTER OF MY SERVED TIME HAS BEEN HONORABLE, AND IF DISCHARGED, I AM IN RECEIPT OF AN HONORABLE DISCHARGE.
BY MY SIGNATURE ON THIS APPLICATION, I HEREBY AGREE TO PROVIDE PROOF OF HONORABLE DISCHARGE/SERVICE UPON REQUEST.

SPONSOR – WHERE APPLICABLE

APPLICANT'S SIGNATURE

PLEASE ATTACH A COPY OF YOUR DD214 OR DISCHARGE AND MAIL TO:

MARINE CORPS LEAGUE DETACHMENT #1250
PO BOX 7861
LOVELAND, CO 80537

