

**Marine Corps Mustang Association, Inc.**

**Membership Application**

Please Type or Print

Leave Blank

Name: (First, Middle, Last)		Rank:	Place of Birth:	Date of Birth:	
Home Address: (Number and Street)		City:	State:	Zip:	Zip + 4

Current Status: USMC <input type="checkbox"/> USMC(Ret) <input type="checkbox"/> USMCR <input type="checkbox"/> USMCR(Ret) <input type="checkbox"/> FMCR <input type="checkbox"/> Former Marine <input type="checkbox"/> Other <input type="checkbox"/>	<b>HIGHEST GRADE HELD IN EACH CATEGORY:</b> Enlisted: Warrant: Commissioned:	<b>SERVICE NUMBERS:</b> * ENLISTED: * OFFICER: <b>SOCIAL SECURITY:</b> * If other than Social Security Number
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**SHOW ALL DATES AS: (Month/Day/Year)**

<b>DATES OF RESERVE SERVICE:</b> Fr: ___/___/___ To: ___/___/___ Military Occupation: (M. O. S.)	<b>DATES OF ENLISTED SERVICE:</b> Fr: ___/___/___ To: ___/___/___ Military Occupation: (M. O. S.)
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<b>DATES OF WARRANT SERVICE:</b> Fr: ___/___/___ To: ___/___/___ Military Occupation: (M. O. S.)	<b>DATES OF COMMISSIONED SERVICE:</b> Fr: ___/___/___ To: ___/___/___ Military Occupation: (M. O. S.)
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<b>HOME PHONE NUMBER:</b> ( )	<b>WORK/DUTY PHONE NUMBER:</b> ( )	<b>DATE RETIRED OR RELEASED FROM ACTIVE DUTY</b>
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**BRIEF STATEMENT OF HOW COMMISSION WAS OBTAINED:**

**DECORATIONS, RIBBONS, MEDALS, COMMENDATIONS, CITATIONS, AND OTHER AWARDS:**

REMARKS CONCERNING CIVILIAN EMPLOYMENT OR MILITARY ASSIGNMENTS(Optional)

REQUIRED CERTIFICATION:

I certify that the statements and answers presented on this application, including any accompanying data, is true and complete to the best on my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MEMBERSHIP DIRECTORY AUTHORIZATION: (Optional)

I hereby authorize the release and use by the Marine Corps Mustang Association, Inc. Of the information presented on this application and grant permission to publish and distribute it to its members in its annual YEAR BOOK AND MEMBERSHIP DIRECTORY. This authorization includes publishing my name in any of the quarterly newsletters, [MESTENGO]. A photo copy of this authorization shall be valid as the original.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECOMMENDED FOR MEMBERSHIP BY: (Optional)

RANK:	NAME: (First, Middle, Last)	STATUS:	MEMBERSHIP NO.
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL WITH CHECK FOR \$40.00 MADE PAYABLE TO "MARINE CORPS MUSTANG ASSOCIATION, INC." ADDITIONALLY ENCLOSE YOUR DD214(s) WHICH SHOW YOUR ELIGIBILITY FOR MEMBERSHIP OR OTHER OFFICIAL DOCUMENTATION SUCH AS A COPY OF THE APPOINTMENT AND ACCEPTANCE RECORD WHICH IS FILED IN THE OFFICERS QUALIFICATION RECORD. DEPLOYED ACTIVE DUTY MARINE WARRIORS ARE EXEMPT FROM THE DD214 REQUIREMENT UNTIL RENEWAL. MAIL TO:**

Marine Corps Mustang Association, Inc.  
Bunker 127  
Mountain City, Georgia 30562