



**U. S. MARINE CORPS SUPPORT GROUP
P.O. BOX 84444
SEATTLE, WA 98124-9998**

APPLICATION FOR MEMBERSHIP

Date: _____

DOB: _____

Title: Mr. Mrs. Ms. or Rank: _____

Name: _____
Last First Middle

Spouse's Name: _____

Mailing Address: _____
Street or P.O. Box
City State Zip Code

Telephone: _____ E-mail Address: _____
Area Code Number

Military Service:
Unit/Organization – Location – Ship – etc.

Decorations/Awards:

Highest Rank Obtained (Any Service): _____

Acquainted with the following members:

Organizations to which I belong:

I have I have not formerly belonged to the USMC Support Group.
Please enclose annual dues of \$30.00
Or
Paid in full Life Membership under age 60 is \$275.00 – Over age 60 is \$225.00

Signature: _____ Sponsor: _____