

James M. Slay Detachment, Marine Corps League Membership Application (Please Type or Print)

Date:					
Name:					
Street:					
City:	State:		Zip:		
Date of Birth:/					
Date of Enlistment/Commissioning:/	_/ Date of Dis	scharge/Se	paration/Retireme	ent://	
Phone Number:	Email:				
I hereby apply for membership in the James membership. Membership includes an annu one-time issue of a Detachment nametag.					
I hereby certify that I am currently serving of for not less than 90 days and earned the Eag States Marine Corps Reserve and have earned am currently serving as a U.S. Navy Corpsmearned the Marine Corps Device (clasp) or the Corpsmen; or have served or are currently see Marines. If discharged, I am in receipt of a Marines. If discharged, I am in receipt of a Marines. If discharged will be defined by the "General Discharge under Honorable Condition provide proof of honorable service/discharged redacted copy of my latest DD Form 214 frowerification of honorable service if deemed in League. I understand that the DD Form 214 service. Applicant Signature:	tle, Globe and Anched no less than 90 R nan who has trained the Warfare Device verving as a U.S. Nav DD Form 214 or Ce last DD Form 214 tions is also acceptate upon request. I he om the Marine Corp necessary to verify a may contain inform	nor; or have Reserve Ret d with the N worn on the vy Chaplai ertificate of or Certificate able. By si- ereby authors custodian my eligibil mation sucl	served or am currirement Credit Po Marine FMF Units e Service Ribbon, n and have earned f Discharge indica ate of Discharge to gnature on this ap orize the Marine Con of Official Milita ity for regular men in as military awar	rently serving in pints; or that I has in excess of 90 authorized for I defend the FMF Badge ating "Honorable hat the applicant oplication, I herel Corps League to eary Personnel Firmbership in the	a the United ave served or days and FMF e serving with e Service." t received.) by agree to obtain an un- iles for Marine Corps
Sponsor Signature (where applicable):					-
Discussion Signature (where applicable).					-

Please submit completed application and payment to: James M. Slay Detachment, MCL; PO Box 4561, Glen Allen VA 23058-4561