

James M. Slay Detachment Membership Application

TODAY'S DATE (mm/dd/yyyy) FULL NAME STREET ADDRESS CITY TELEPHONE NUMBER () * DATE OF BIRTH (mm/dd/yyyy) DATE OF DISCHARGE/SEPARA	STATE	ZIP CODE
STREET ADDRESS CITY TELEPHONE NUMBER EMAIL ADDRESS () * DATE OF BIRTH (mm/dd/yyyy) DATE OF DISCHARGE/SEPARA		ZIP CODE
CITY TELEPHONE NUMBER EMAIL ADDRESS ()* DATE OF BIRTH (mm/dd/yyyy) DATE OF DISCHARGE/SEPARA		ZIP CODE
TELEPHONE NUMBER EMAIL ADDRESS () * DATE OF BIRTH (mm/dd/yyyy) DATE OF DISCHARGE/SEPARA		ZIP CODE
DATE OF BIRTH (mm/dd/yyw) DATE OF DISCHARGE/SEPARA		
DATE OF BIRTH (mm/dd/yyyy) DATE OF DISCHARGE/SEPARA		
	TION/RETIREMENT L	DATE OF ENLISTMENT/COMMISSIONING
Have you ever been convicted of a felony? OYes ONo If YES Act and disclose the nature of the felony conviction for consideration I hereby apply for membership in the James M. Slay Deta \$35.00 for one year's membership.* * Includes annual subscription to "Semper Fi" to	n of membership in chment, Marine (the Marine Corps League. Corps League, and enclose
I hereby certify that I am currently serving or have served honorably DUTY", for not less than ninety (90) days and earned the Eagle, Gloserving in the United States Marine Corps Reserve and have earned Points: or that I have served or am currently serving as a U.S. Navin excess of ninety (90) days and earned the Marine Corps Device Ribbon, authorized for FMF Corpsmen; or have served or are curred earned the FMF Badge serving with Marines; If discharged, I am in Discharge indicating "Honorable Service". ("Honorable Service" will Discharge that the applicant received). General Discharge under I this application, I hereby agree to provide proof of honorable service National Executive Director, Marine Corps League to obtain an un-Marine Corps custodian of Official Military Personnel Files (OMPF) necessary to verify my eligibility for regular membership in the Mariney contain information such as military awards, training, and charge (* Korean War Era Marines See National).	ed no less than nine y Corpsmen who h (clasp) or the Warl ently serving as a L receipt of a DD Fo I be defined as the Honorable Condition ce/discharge upon redacted copy of n), and/or verification ine Corps League. racter of service. Bylaws, Aricle 6, S	ety (90) Reserve Retirement Credit as trained with Marine FMF Units fare Device worn on the Service I.S. Navy Chaplain and have orm 214 or a Certificate of last DD Form 214 or Certificate of its acceptable. By signature on request. I hereby authorize the my latest DD Form 214 from the in of honorable service if deemed I understand the DD Form 214 ection 600)
APPLICANT SIGNATURE	SPONSOR (where	applicable)
 Upon completion, please submit to: James M. Slay Detachment PO Box 245 Charles City VA 23030 NOTE: If you are applying for "Regular Membership", please also include 		ur last DD-214, Certificate of Discharge