

# Membership Form

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**Please fill out all of the form marked with \***

**NAME: First, Middle initial, Last;\***

**ADDRESS:\*** Street,City,State & Zip

**HOME PHONE: \***

**E-MAIL ADDRESS:\***

**Date of Birth**

**Place of Birth**

**RANK: \***

**Status: \***

**Dates of Service in USMC\***

**Dates of Service in MOS 0251 \***

**Units & Where\***

**Languages \***

**Language School Attended**

**Year Attended**

**Combat Interrogation Experience\***

**Units & Where\***

**Brief Biography:**