

# MEMBERSHIP APPLICATION

## MARINE RIDERS GROUP

PO Box 291

Rockville, IN 47872

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Marine Corps League Membership Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Road Name or Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Years you were Active: \_\_\_\_\_

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### National Dues:

Full Membership = \$10.00

Renewal = \$10.00 Member/Sponsor: \_\_\_\_\_

National Back Patch = \$35.00 each Quantity: \_\_\_\_\_

National T-Shirt = \$15.00 each Qty & Size: \_\_\_\_\_

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**NOTE:** If you are a new member in the Marine Corps League and do not have an ID number, please enclose a legible copy of your membership receipt.

Please make checks payable to “**Marine Riders Group**”. Mail application form and check to:

**Marine Riders Group**

**PO Box 291**

**Rockville, IN 47872**