

MEMBERSHIP APPLICATION
MARINE RIDERS GROUP
PO Box 291
Rockville, IN 47872

Marine Corps League Membership Number: _____

Home Detachment _____

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: _____

National Dues:

- Full Membership = \$15.00 Member/Sponsor: _____
- Renewal = \$15.00
- National Back Patch = \$35.00 each Quantity: _____
- National T-Shirt = \$15.00 each Qty & Size: _____

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:

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PO Box 291
Rockville, IN 47872