

MEMBERSHIP APPLICATION

MARINE RIDERS GROUP

PO Box 291
Rockville, IN 47872

Marine Corps League Membership Number: _____ Active Duty

Home Detachment: _____

Last Name: _____ Date: _____

First Name: _____

Spouse Name: _____

Road Name or Nickname: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Alt Phone: (____) _____

Email: _____

Years you were Active: _____

Dues: Full Membership = \$25.00 Renewal = \$25.00
(10.00 goes to National Dues, 15.00 to Carolina Post)

Member/Sponsor: Carolina Marine Riders

National Back Patch = \$35.00 each Qty: _____ Size: NA @35.00 = _____

Total Amount Due: \$ _____

Shirts are available. Please ask for an order form.

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 Carolina Post**”.

Mail application form and check to: **MARINE RIDERS GROUP**
c/o Trish Winsett, Paymaster
1110 Grecale Street
Greensboro, NC 27408

Office Use Only

Rec'd: _____ Paid CA CK # _____ Date Submitted: _____