

Membership Form

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: *

Choose One

Dates of Service in USMC*

Dates of Service in MOS 0250/0251* Units

& Where*

Languages *

Language School Attended

Year Attended

Combat Interrogation Experience*

Units & Where*

Brief Biography: