



Military Reunion Group:

**"1 Year Complimentary Membership"
under TBS 7-68 Reunion Group
Dates: Oct. 22-26, 2009**

Marines' Memorial Membership Application

609 Sutter Street, San Francisco, California 94102

Membership Levels:

(All donations are tax-deductible and non-refundable)

- Regular:** (Veteran & Retired) US Marine, US Navy, US Army, US Air Force, US Coast Guard, Merchant Marine (wartime) Annual donation \$100.00 (\$10.00 initiation fee)
- Currently Serving:** (Active Duty & Reservists) *If you turn in this application before Nov 14, 2008 there is no charge for your membership! After Nov 14, your charge is \$35.*
- Benefactor:** (Veteran, Retired, or Currently Serving) All Branches Accepted. \$2500.00 Lifetime Contribution payable in a one time contribution or 12 monthly installments (*the payment plan incurs a \$150.00 administration fee*).

Membership Information:

(Please print clearly)

First Name, MI, Last Name: _____

Branch of Service: USMC USN USA USAF USCG

Military Status: _____ Highest/Current Rank: _____

Birth date: ____ / ____ /19____ Email: _____ @ _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax: _____

I certify that I served on Active Duty in the U.S. Armed Forces from _____ to _____

How did you hear about us?

- | | |
|--|---|
| <input type="checkbox"/> Advertisement or news article
(Name of publication: _____) | <input type="checkbox"/> Visit to the Club or Theatre |
| <input type="checkbox"/> Site presentation | <input type="checkbox"/> Member/family/friend |
| | <input type="checkbox"/> Other _____ |

Family Members:

Your spouse, children over 21 years (who are ineligible for membership by themselves) and non-military parents are eligible for Guest Cards. Spouse card is complimentary; all others are \$20 annually, per Guest Card. Please list names, relations and ages of those for whom you would like to add. In-laws are ineligible.

Last Name	First Name	MI	Relationship	Age	Amount
			Spouse		\$0

Processing your membership application:

In addition to the completion of the reverse information please attach the following:

- Photocopy of Official Verification of Honorable Service: DD214, * Retired I.D. Card, or Active Duty I.D. Card

***Note:** If you cannot locate your verification or know that it has been lost, you can obtain a copy by writing: National Military Personnel Records Center, 9700 Page Blvd., St. Louis, Missouri 63132.
(www.archives.gov/facilities/mo/st_louis/military_personnel_records.html)

- Appropriate Donation (All donations are tax-deductible and non-refundable)

PAYMENT INFORMATION

Circle Payment Type:

MC, VISA, AMEX, Diners Club, personal check or other: _____

Total Amount Due: **"1 Year Complimentary Membership" under TBS 7-68 Reunion Group**

Credit Card # _____ Exp. Date _____

Signature of Applicant _____ Date _____

Contact Information:

Membership Department: 415.673.6672 x223
Membership Fax: 415.563.5820
Email: Member@marineclub.com
Web Site: www.marineclub.com
Toll Free Line: 800.5.MARINE

Welcome Aboard!