



Marine Corps League
 Two-Eagles Detachment
 PO Box 302
 Savage, Minnesota 55378



Member Information

To be completed by the Detachment Member upon approval of membership application

Last Name: _____ First Name: _____

Month/Day Birth: _____ Membership Type: _____

Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

This is the preferred mode of communications for detachment business

Branch: _____

Dates of Service: _____

Date of Enlistment/Induction

Date of Discharge/Retirement

Type of Discharge: _____

Interests/Hobbies: _____

(Detachment Adjutant to Complete Below This Line)

Date of Application: _____ Date Approved: _____

Sponsor: _____

Verified DD214: Date Verified: _____ By: _____

Committee/Events/Activities: *(indicate activities the member has/will participate)*

Color Guard: Newsletter: Online Presence:

Fundraising: Veterans Info: Community Outreach:

Detachment Events: Det. Officer: Other:

Member Notes:

(Member may note unit(s) served with, Bases/locations of service, MOS or billet(s), etc...)