



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...)*