Marine Corps League

McKinley Detachment 277
PO Box 8375
Canton, Ohio 44711-8375

Membership Application

Name (Last, First, MI): _____

Nickname or Call: _____

Telephone: ( ) -

Street/PO Box: _____

City: _____

State / Zip: _____

Application Type: ☐ New ☐ Renew ☐ Transfer

Current Occupation: _____

Date of Birth: _____/_____/_____

Service No.: _____

Date of Entry: _____/_____/_____

Date of Discharge/Retirement: _____/_____/_____

Highest Rank Obtained: _____

MOS (Number and Description): _____

_____ _____
Signature (required) Date

Once a Marine, Always a Marine
Marine Corps League ~ A Band of Brothers