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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: Regular

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…)