

6th Marine Division Association Membership Application Form
(May also be used to report address & record changes or submit questions)

Name: _____ New Member ☐ Yes ☐ No
 Spouse 1st Name: _____ Phone No. (____) _____
 Address _____ Apt. No. _____
 City _____ State _____ Zip+4 _____
 New Address _____ Apt. No. _____
 City _____ State _____ Zip+4 _____
 Email Address: Home _____ Work _____
 Unit _____
 (Company) *(Battalion)* *(Regiment)* *(Special)*
 If new member, name of recruiter/sponsor, if any _____

New Associate:

Your relative or friend who served in the 6th Mar. Div. _____
 His unit and your relationship: _____

Present Member:

Membership ID Number: (upper left of mail label) _____
 Annual Dues (\$10/year) ☐ Regular ☐ Associate \$ _____
 Life Membership (\$75) ☐ Regular ☐ Associate \$ _____
 The Striking Sixth annual subscription to Official Newsletter (\$10/yr) .. \$ _____
 Enclosed is my check or money order,
 payable to the 6th Marine Division Association. \$ _____
 Please answer the following question _____



Mail to:

Florence Dornan, Membership Manager
 Sixth Marine Division Association, Inc.
 704 Cooper Court
 Arlington, TX 76011-5550
 E-Mail: SxthMarDiv@aol.com