



# MARINE CORPS DISBURSING ASSOCIATION



## MEMBERSHIP APPLICATION

**YES!** I want to be a voting member of the MCDA. My two-year membership fee of \$25.00 is enclosed.

DATE: \_\_\_\_\_

Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Eligibility: (Check all that apply)

Status: (Check one)

Rank:

\_\_\_\_\_ Marine Disbursing

\_\_\_\_\_ Retired Marine

\_\_\_\_\_

\_\_\_\_\_ Direct Disbursing Support

\_\_\_\_\_ Active Duty Marine

\_\_\_\_\_

\_\_\_\_\_ Spouse/Significant Other

\_\_\_\_\_ Former Marine

\_\_\_\_\_

\_\_\_\_\_ Descendent

\_\_\_\_\_ Veteran/Service

\_\_\_\_\_

\_\_\_\_\_ Civilian

Dates of Military Service: From/To \_\_\_\_\_ (Used to identify combat veteran status.)

Complete a separate application for each member being enrolled. Application form may be photocopied or just send a letter with the above information for each applicant and the appropriate fee(s).

**Make checks payable to: MCDA.**

Mail your completed application and fee(s) to:

Michael Thiry, Treasurer

MCDA

7600 E. 130<sup>th</sup> Court

Grandview, Missouri 64030-2718

Visit us on-line at: [usmcdisbursers.com](http://usmcdisbursers.com)