



NATIONAL HEADQUARTERS  
MARINE CORPS HISTORICAL ASSOCIATION  
463 WEST SECOND AVE., COLVILLE WA 99114

## APPLICATION FOR APPOINTMENT

### PERSONAL INFORMATION

|                                           |                                                                                                                                                                                          |        |                |                         |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------|-------------------------|
| NAME (LAST)                               | (FIRST)                                                                                                                                                                                  | (M.I.) | D.O.B YY/MM/DD | SSN                     |
| STREET ADDRESS                            | CITY                                                                                                                                                                                     | STATE  | ZIP            | TELEPHONE NUMBER<br>( ) |
| DRIVERS LICENSE NUMBER AND STATE OF ISSUE | MARITAL STATUS<br><input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED |        |                |                         |

### OCCUPATIONAL INFORMATION

|                          |                         |       |       |
|--------------------------|-------------------------|-------|-------|
| EMPLOYER                 | TELEPHONE NUMBER<br>( ) |       |       |
| BUSINESS STREET ADDRESS  | CITY                    | STATE | ZIP+4 |
| NATURE OF WORK AND TITLE | YEARS                   |       |       |
| SPECIAL LICENSES         |                         |       |       |

### EDUCATIONAL INFORMATION

|                                                                                                                                                                                    |                                                                                                            |                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HIGH/VOCATIONAL SCHOOL COMPLETED (YRS)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> GED | TECHNICAL SCHOOL (YRS)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | COLLEGE COMPLETED (YRS)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 |
| COLLEGE OR TECHNICAL SCHOOL NAME                                                                                                                                                   | MAJOR/OCCUPATIONAL FIELD                                                                                   | DEGREE/DIPLOMA                                                                                                                                                                               |
| EXTRACURRICULAR ACTIVITIES AND OFFICES HELD                                                                                                                                        |                                                                                                            |                                                                                                                                                                                              |

### GENERAL INFORMATION

|                                                                                                                                                                     |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| DO YOU CONSUME ALCOHOLIC BEVERAGES?<br><input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY <input type="checkbox"/> SOCIAL <input type="checkbox"/> NEVER | LIST OF ORGANIZATIONS AND OFFICES HELD |
| DO YOU HAVE A TRAFFIC RECORD? IF YES, EXPLAIN:                                                                                                                      |                                        |
| DO YOU HAVE A POLICE RECORD? IF YES, EXPLAIN:                                                                                                                       |                                        |

### PHYSICAL INFORMATION

|                                                                                                                                         |                                                                                                                                                 |       |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| SEX RACE HEIGHT WEIGHT COLOR EYES COLOR HAIR BLOOD TYPE RELIGION                                                                        | TELEPHONE NUMBER<br>( )                                                                                                                         |       |
| IDENTIFYING MARKS (SCARS, MARKS, TATTOOS)                                                                                               | AMPUTATIONS OR DEFORMITIES                                                                                                                      | YEARS |
| BUILD<br><input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE | STATE OF HEALTH<br><input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR |       |

## MILITARY SERVICE INFORMATION

|                                                                                                                                                                                                                                                                                                  |             |                    |      |                       |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|------|-----------------------|-------------------|
| CURRENT STATUS                                                                                                                                                                                                                                                                                   |             |                    |      |                       |                   |
| <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RESERVE-DRILLING <input type="checkbox"/> RESERVE-INACTIVE <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED <input type="checkbox"/> CADET <input type="checkbox"/> FORMER CADET <input type="checkbox"/> NONE |             |                    |      |                       |                   |
| BRANCH OF SERVICE (ACTIVE DUTY)                                                                                                                                                                                                                                                                  |             | TOTAL YEARS ACTIVE | RANK | DISCHARGE YY/MM/DD    | TYPE OF DISCHARGE |
| <input type="checkbox"/> USMC <input type="checkbox"/> USN <input type="checkbox"/> USCG <input type="checkbox"/> USAF <input type="checkbox"/> USA                                                                                                                                              |             |                    |      |                       |                   |
| BRANCH OF SERVICE (RESERVE DUTY)                                                                                                                                                                                                                                                                 |             | RESERVE            | RANK | TOTAL YEARS           |                   |
| <input type="checkbox"/> USMCR <input type="checkbox"/> USNR <input type="checkbox"/> USCGR <input type="checkbox"/> USAFR <input type="checkbox"/> USAR <input type="checkbox"/> ARNG <input type="checkbox"/> ANG                                                                              |             |                    |      |                       |                   |
| MOS/DUTIES ASSIGNED                                                                                                                                                                                                                                                                              | DEPLOYMENTS |                    |      | PAY OR NON-PAY STATUS |                   |
| NAME AND ADDRESS OF UNIT OR CADET INFORMATION INCLUDING ORGANIZATION                                                                                                                                                                                                                             |             |                    |      |                       |                   |

### PERSONAL REFERENCES (LIST THREE (3), NO RELATIVES)

|                |         |       |                                   |
|----------------|---------|-------|-----------------------------------|
| 1. NAME (LAST) | (FIRST) | (MI)  | RELATIONSHIP                      |
| STREET ADDRESS | CITY    | STATE | ZIP+4                             |
|                |         |       | HOME TELEPHONE NUMBER<br>(      ) |
| 2. NAME (LAST) | (FIRST) | (MI)  | RELATIONSHIP                      |
| STREET ADDRESS | CITY    | STATE | ZIP+4                             |
|                |         |       | HOME TELEPHONE NUMBER<br>(      ) |
| 3. NAME (LAST) | (FIRST) | (MI)  | RELATIONSHIP                      |
| STREET ADDRESS | CITY    | STATE | ZIP+4                             |
|                |         |       | HOME TELEPHONE NUMBER<br>(      ) |

### APPLICANTS CERTIFICATION (READ, INITIAL EACH STATEMENT, AND SIGN)

1. \_\_\_\_\_ **I AGREE**    I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I further certify that I have not been found guilty or convicted of a felony crime, an act of domestic violence, a sex crime, or have dishonorably discharged from any branch of the Armed Forces of the United States of America.
2. \_\_\_\_\_ **I AGREE**    I hereby authorize the Marine Corps Historical Association to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies, retail businesses, establishments, medical institutions, hospitals or other repositories of medical records. This information may include, but it not limited to, my academic, residential, achievement, performance, attendance, personal history, disciplinary, criminal history, arrest, conviction, medical, psychiatric/psychological, financial and/or credit records.
3. \_\_\_\_\_ **I AGREE**    I hereby request consideration for appointment in the Marine Corps Historical Association. If accepted, I agree to abide by the regulations for the administration of the organization, including the purchase of all necessary uniforms and equipment, and to obey all lawful orders and instructions from my superiors. I agree to serve in any capacity so directed, and to strive to improve my knowledge in the military arts and sciences by both independent study and participation in Marine Corps Historical Association scheduled courses.
4. \_\_\_\_\_ **I AGREE**    I understand that I am not a member of the Marine Corps Historical Association until officially notified in writing by National Headquarters. If appointed, the rank herein requested may not necessarily be the rank to which I am appointed by National Headquarters.

|                        |                  |
|------------------------|------------------|
| SIGNATURE OF APPLICANT | ORIGINATING DATE |
|------------------------|------------------|

### COMMANDING OFFICERS STATEMENT

|                                                                                                                                                                                                                               |                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| THIS APPLICANT IS                                                                                                                                                                                                             |                                                                                                      |
| <input type="checkbox"/> OUTSTANDING <input type="checkbox"/> EXCELLENT <input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE                                        |                                                                                                      |
| BILLET FOR WHICH CONSIDERED (PRIMARY)                                                                                                                                                                                         | OTHER (COLLATERAL)                                                                                   |
| ADDITIONAL QUALIFICATION                                                                                                                                                                                                      | CLASSIFICATION                                                                                       |
|                                                                                                                                                                                                                               | <input type="checkbox"/> REGULAR <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> STUDENT |
| RANK RECOMMENDED                                                                                                                                                                                                              |                                                                                                      |
| <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> RECRUIT <input type="checkbox"/> PVT <input type="checkbox"/> PFC <input type="checkbox"/> CPL <input type="checkbox"/> SGT <input type="checkbox"/> OTHER _____ |                                                                                                      |
| SIGNATURE OF COMMANDING OFFICER                                                                                                                                                                                               | DATE                                                                                                 |

APPLICATIONS MUST BE SIGNED AND POSTMARKED WITHIN THIRTY (30) DAYS OF ORIGINATING DATE.