

Date _____ / _____ / _____
 Month Year
 For MTA use only



Membership
 Number

 For MTA use only

**UNITED STATES MARINE CORPS
 MOTOR TRANSPORT ASSOCIATION, Inc.**
PO BOX 1372
JACKSONVILLE, NC 28541-1372
www.usmcmta.org
910.450.1841

Please print or type (Civilian Address Only)

1. Name _____ Rank _____ DOB _____
 (REQUIRED)
2. Address _____
 (Street) (Apt)
3. City _____ State _____ 9 Digit Zip _____
 (REQUIRED)
4. Telephone Number (_____) _____ - _____ MOS(s) _____
5. (Circle One) Act — Res — Ret — For — Civ — Date joined Marine Corps ____/____/____
6. Date Retired ____/____/____ or Date Discharged ____/____/____
7. If still on Active Duty or Reserves, please show complete military address in section below:
Full Name/Rank/Unit/Work Phone

8. Marital Status _____ Spouse/Other Name _____
 (If applicable)
9. Motor Transport Assignments (list only 3 duty stations)
 • _____
 • _____
 • _____
10. Email Address _____
 (if you have an email address please provide it)
11. Referred by _____ Membership Number _____
12. Where did you hear about the **USMC MTA**? _____

Annual Membership: \$20.00 or \$100.00 for 6 years for the price of 5 years/ Make checks or money orders (US FUNDS ONLY) payable to **USMC Motor Transport Association, Inc.** and return to the address listed at the top of form.

Please note: **USMC Motor Transport Association, Inc.** reserves the right to refuse membership to any one.

Revised January 2009

Credit/Debit Card Information

(Circle One) **MasterCard** **Visa** **Discover Card**
Card # _____
Amount \$ _____ **Zip Code** _____
Exp Date: _____ ****CVC #** _____
Signature: _____

****Card Validation Code:** For Visa, MasterCard, and Discover
 The CVC appears on the back of your credit card in the
 signature. The code is the last three digits