



MARINE CORPS DISBURSING ASSOCIATION

P.O. Box 348, Vista, CA 92085-0348

usmcdisbursers.com

MEMBERSHIP APPLICATION

YES! I want to be a member of the MCDA. My two-year membership fee of \$30.00 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
____ Direct Disbursing Support

____ Retired Marine
____ Active Duty Marine
____ Marine Veteran
____ Veteran/Service
____ Civilian

____ Spouse/Significant Other
____ Descendent

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

MCDA Recruiter: _____

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:

MCDA
P.O. Box 348
Vista, CA 92085-0348

Visit us on-line at: usmcdisbursers.com