

MARINE CORPS DISBURSING ASSOCIATION

P.O. BOX 348, VISTA, CA 92085-0348 (760) 458-2655 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)Address:			
City: Phone Number: () Cell Phone: () Email Address:			Zip:
Eligibility: (Check all that apply)		s: (Check one)	Rank:
Marine Disbursing Direct Disbursing Support Spouse/Significant Other Descendent		_ Retired Marine _ Active Duty Marine _ Marine Veteran _ Veteran/Service _ Civilian	
Dates of Military Service: From/To		(Used to ide	entify combat veteran status.)
Complete a separate application for each member being enrolled. Application form may be photo copied 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 fe MCDA P.O. Box 348	e(s) to:		
Vista, CA 92085-0348			

Visit us on-line at: usmcdisbursers.com