MCITTA Membership Form

Please send completed form to Chairman@mcitta.org

Name: First, Middle Initial, Last: _____

Address: Street: _____
(cont): _____
City: _____
State & ZIP: _____

Home Phone/Cell Phone: _____

E-mail Address: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Dates of USMC Service: _____

Type of Discharge/Retirement Status: _____ Highest Rank: _____

Brief biography (include dates in MOS 0250/0251, teams assigned, locations, other Marine Interrogators you served with. This will help validate you in case no one on the board knows you personally.):

_____
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_____

Languages and Language School info (Include when you went to Lang School if applicable): _____
_____

Combat Interrogation Experience (Include dates, unit assigned and location): _____
_____