



# NATIONAL MONTFORD POINT MARINE ASSOCIATION, INC.



## Auxiliary Official Membership Application

Date of Birth: \_\_\_\_\_  
Month Day

Applicant's Name: \_\_\_\_\_  
(Please Print) Last First MI

Address: \_\_\_\_\_  
Street City State Zip Code

Email Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Membership Eligibility:  Spouse  Daughter/Son  Sibling  Associate Member

Name of Military Spouse/Sponsor: \_\_\_\_\_  
 Active Duty  Retired  Deceased  Veteran

Branch of Service: \_\_\_\_\_

DD214 or Active Military ID Card Provided:  Yes  No Date Provided: \_\_\_\_\_  
(Military Discharge Papers)

MPMA Sponsor verifying documents(s): \_\_\_\_\_  
\_\_\_\_\_

Sign and Print Full Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**OFFICIAL USE ONLY**

Date of Application Review:  Accepted  Denied (Reason) \_\_\_\_\_

Date Membership Paid:  Annual Membership (\$25)  Life Membership (\$150)

If Life Membership:  Paid in Full  Paid in Installments of \$ \_\_\_\_\_ Until Paid in Full

MPMA L/A Verifying Official: (Print) \_\_\_\_\_ Official Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_