
APPLICATION FOR MEMBERSHIP

Type of Application: NEW _____ RENEWAL _____

Name: _____

Rank: _____ Designator: _____

Status: _____ Active Duty _____ Reserved _____ Retired (Effective) _____

Date Entering Service: _____ Date Commissioned: _____ Year Group: _____

Highest Enlisted Pay Grade and Rating: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Duty Station or Employer: _____

Work Telephone: _____ Home Telephone: _____

Fax: _____ E-Mail: _____

Chapter Affiliation: _____

Brief statement of how commission was obtained (include personal awards earned both enlisted and officer):

Brief statement of enlisted and commissioned service (include dates, duty stations, etc):

I certify that the statements and answers presented on this application, including any accompanying data, are true and complete to the best of my knowledge and belief. I hereby authorize the NMA to publish my name in the NMA Pony Express newsletter(s) and the annual Membership Directory.

Signature: _____ Date: _____

Referred By (optional): _____

Mail this application with check payable to NMA using following address
(1 Year - \$20; 2-Years - \$40; 3 Years - \$60)

Navy Mustang Association
6564 Loisdale Court, Suite 318
Springfield, VA 22150
