



Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Year

For MTA Use Only

Membership  
Number

\_\_\_\_\_

For MTA Use Only

**UNITED STATES MARINE CORPS MOTOR TRANSPORT ASSOCIATION,  
Inc. PO BOX 1372 JACKSONVILLE, NC 28541-1372**

[www.usmcmta.org](http://www.usmcmta.org)

**910.581.1309**  
(Eastern Std. Time, 1-6 PM)

**Please print or type (Civilian Address Only)**

Name \_\_\_\_\_ Rank \_\_\_\_\_ DOB \_\_\_\_\_  
(REQUIRED)

Address \_\_\_\_\_  
(Street) (Apt)

City \_\_\_\_\_ State \_\_\_\_\_ 9 Digit  
Zip \_\_\_\_\_ (REQUIRED)

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ MOS(s) \_\_\_\_\_

(Circle One) Active - Reserve - Retired - Veteran - Civilian - Date joined Marine Corps \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Retired \_\_\_\_/\_\_\_\_/\_\_\_\_ or Date Discharged \_\_\_\_/\_\_\_\_/\_\_\_\_

**If still on Active Duty or Reserves, please show complete military address in section below:**

Full Name/ Rank/ Unit/ Work Phone

\_\_\_\_\_  
\_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse/Other \_\_\_\_\_ Name \_\_\_\_\_  
(If applicable)

Motor Transport Assignments (list only 3 duty stations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_  
(if you have an email address please provide it)

Referred by \_\_\_\_\_ Membership Number \_\_\_\_\_

Where did you hear about the **USMC MTA**? \_\_\_\_\_

**Annual Membership: \$20.00 or \$100.00 for 6 years for the price of 5 years/ Make checks or money orders  
(US FUNDS ONLY) payable to: USMC Motor Transport Association, Inc. and return to the address listed at the top of form.  
Please note: USMC Motor Transport Association, Inc. reserves the right to refuse membership to anyone.**