



Military Spouses' Association

Marine Corps Air Ground Combat Center
Twentynine Palms, CA 92277

Membership Form 2019-2020

MSA Member Information

Full Name:

Your Unit:

(Rank, if applicable) (Last) (First) (if applicable)

Address:

(Street Address) (City) (State) (Zip Code)

Phone: () Cell: () Date of Birth: _____
(applicants must be 21 or older to apply)

Email Address: _____

Spouse Information

Spouse's Name & Rank:

Spouse's Unit:

Branch of Service: USMC USN USA USAF Active Duty Retired Reserve

Do you have a business to list in the business section of our directory? Yes No Brief Description of Product or Service:

Business Name: Business Phone: () Business Email: Business Website:

Annual dues are \$30.00 for all members however, Retired Military Spouses are \$20.00.

Please send completed form & payment (check or money order payable to MSA) to:

Military Spouses' Association, PO Box 6012, Twentynine Palms, CA 92277

**Forms must be received by October 1st, 2019 to be included in the Directory.*

If you are interested in making a donation visit our online store at www.MSA29Palms.org

Information listed on this form will be published in the MSA Directory, made available to MSA members only.

- I'd like my information published in this directory
- I'd like a printed copy of the directory
- I give MSA permission to share my contact information with my unit representative
- I give MSA permission to have my photos from events on the MSA website or Facebook page(s)

Office use only: Database Directory Email Rep Permission Photo Permission

Paid: Check# _____/Cash _____/Electronic _____ Processed: ____/____/____