

Mariner/Marlin Association



P.O. Box 4548
Oceanside, CA 92052-4548

MEMBERSHIP ENROLLMENT FORM

Date: _____

Name: _____
Last Name First Name MI

Spouse: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone: () _____ - _____ E-Mail Address: _____

Crew Position: (pilot/aircrew/other): _____

Squadron(s) or Other Affiliation (include dates)

Comments:

* Return completed enrollment form with payment to:

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