



Link Forever Those Who Served Together

# Membership Application

Revised 4/08 - Previous Versions Unusable

Applicants must complete this form entirely. This application includes a request by the applicant for a copy of a portion of the applicant's service records to be provided to the FRA by either the National Personnel Records Center of the National Archives, the Personnel Management Support Branch of Headquarters United States Marine Corps or by the appropriate custodian of records for the branch of service listed in the application. The record request will be submitted at the FRA's discretion, regardless of supporting documents submitted with the application. The FRA will never disclose applicant's personal information to any other party. Applicant's signature on the completed form hereby grants the FRA permission to submit the record request. Instructions are on page 3 of this document.

Name: 

Last	First	MI	Nickname
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Address: 

Street	City	State	Zip
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Contact: 

Email Address	Home Phone	Business Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Service: 

Branch	Status	Rank	Spouse's First Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<small>(USMC/USN/USA/ASAF)</small>		<small>(Active/Ret/Dischg)</small>	

Recon Unit/Dates (Provide Proof - i.e. Copy of orders/DD-214/Jump/Diving Log/Company Rosters, etc.):

Current Assignment / Occupation

References: List all that are either members of the FRA or still on active duty (USMC/USN).

Dues Attached:    Yes    No  
                           \$40 Per Year - Annual

Date/Time Signed

FOR OFFICIAL USE ONLY: \_\_\_Approved \_\_\_Disapproved(Comment)\_\_\_\_\_

MEMBER NUMBER: \_\_\_\_\_ TYPE: \_\_\_\_\_ POSTED: \_\_\_\_\_

REVISED: APR 2008    WELCOME PKG SENT: \_\_\_\_\_ ID CARD ORDERED \_\_\_\_\_

# REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)			
BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE
	DATE ENTERED	DATE RELEASED	OFFICER
			ENLISTED
a. ACTIVE SERVICE			
b. RESERVE SERVICE			
c. NATIONAL GUARD			
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.		7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?	
NO	YES	NO	YES

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

**1. REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

**2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** \_\_\_\_\_

**3. PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) \_\_\_\_\_

## SECTION III - RETURN ADDRESS AND SIGNATURE

**1. REQUESTER IS:**

Military service member or veteran identified in Section I, above	Legal guardian (must submit copy of court appointment)
Next of kin of deceased veteran _____ (relation)	Other (specify) _____

**2. SEND INFORMATION/DOCUMENTS TO:**  
 (Please print or type. See item 3 on accompanying instructions.)

**3. AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature (Please do not print.) \_\_\_\_\_

Date of this request \_\_\_\_\_ Daytime phone \_\_\_\_\_

Email address \_\_\_\_\_

## **INSTRUCTIONS**

**This form is NOT sent to Force Recon Association electronically!**

You must completely fill out the entire form, print it out and mail it to the Force Recon Association along with supporting documents and annual dues. Click inside any box and type your information. Click inside the small check box to turn on or off the check mark. Once completed, you can save the document to your computer for future reference. The information you type will be retained.

**Send to:**

**Force Recon Association  
c/o Robert Stockham  
P.O. Box 82322  
Kenmore, WA 98028**

The SF-180 Request for service records must be filled out completely. You must sign the form before sending it to the Force Recon Association. The form will only be used to send to the appropriate custodian of records to fulfill the request. At no time will the FRA ever disclose any sensitive personal information to any other party.

### **MEMBERSHIP CRITERIA AS STATED IN THE ASSOCIATION BYLAWS:**

#### **TYPES OF MEMBERSHIP**

##### **A. Regular Members:**

All officers and enlisted members of the Armed Forces of the United States of America or her Allies who are now serving, or who have served, with any Force Reconnaissance Company, Regular or Reserve. Deep Recon Platoons of Marine Division Reconnaissance Battalion; or personnel who served in Amphibious Reconnaissance units between 1943 and 1958; and those reconnaissance-trained Marines and Corpsmen having served in Marine SOCOM Detachment 1, or those reconnaissance-trained Marines and Corpsmen serving from the establishment of MARSOC in 2005, that carry the MOS 0321 or have completed the MARSOC selection & assessment and subsequently assigned to a Marine Special Operations Battalion. Only Regular Members may serve as officers or on the Board of Directors of the Association.

##### **B. Associate Members:**

Civilians and veterans of U.S. Armed Forces and Allies who did not serve with a Force Reconnaissance Company, but who did make a significant development in or advancement to operational procedures or techniques inherent in Force Reconnaissance operations or who made a valuable and unique contribution to either operational Force Reconnaissance units or to the Association. Associate membership may include Recon Battalion, ANGLICO Marines, Non-reconnaissance trained personnel of Marine SOCOM Detachment 1 or MARSOC and Corpsmen of these units. Associate Members may not serve as officers or on the Board of Directors of the Association.