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

Address: Street | City | State | Zip

Contact: Email Address | Home Phone | Business Phone

Service: Branch (USMC/USN/USA/ASAF) | Status (Active/Ret/Dischg) | Rank | Spouse's First Name

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_____

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Previous edition unusable

OMB No. 3095-0029 Expires 9/30/2008

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		SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
		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.
☒ NO ☐ YES _____

7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?
☐ 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 Chronological Record of Service

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

☐ Next of kin of deceased veteran _____ (relation)

☐ Legal guardian (must submit copy of court appointment)

☐ Other (specify) _____

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

Force Recon Association c/o Robert Stockham
Name

P.O. Box 82322
Street Apt.

Kenmore, WA 98028
City State Zip Code

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.

Signature (Please do not print.)

Date of this request ( ) Daytime phone

Email address

** This form is available at *http://www.archives.gov/research/order/standard-form-180.pdf* on the National Archives and Records Administration (NARA) web site.**

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:
Regular Members include 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, Marine Division Reconnaissance Battalions, Regular or Reserve, Amphibious Reconnaissance units between 1943 and 1958, and MARSOC (Marine Special Operations Command), Test Unit One, and Special Mission Units. Only Regular Members shall have voting rights and serve as officers or on the Board of Directors of the Corporation.

B. Associate Members:
Associate Members include civilians and veterans of the U.S. Armed Forces and Allies who do not meet the "Regular Member" requirements as stipulated above, but who did make a significant contribution to the development of, 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 Corporation. Associate Members do not have voting rights and may not serve as officers or on the Board of Directors of the Corporation.