



**Hubert J. Faltyn Detachment #881  
Member Profile**

**Personal Information**

**Full Name:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

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

**Home Phone:** ( ) \_\_\_\_\_ **Alternate Phone:** ( ) \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_ **Spouse's Employer:** \_\_\_\_\_

**Military Information**

**Date of Enlistment:** \_\_\_\_\_ **Entered Service From:** \_\_\_\_\_ (Location)

**Branch:** \_\_\_\_\_ **Boot Camp:** \_\_\_\_\_ (Location) **MOS or Specialty:** \_\_\_\_\_

**Separated on:** \_\_\_\_\_ **Highest Rank Attained:** \_\_\_\_\_

**1. Unit or Ship:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Duty:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**2. Unit or Ship:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Duty:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**3. Unit or Ship:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Duty:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**4. Unit or Ship:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Duty:** \_\_\_\_\_ **Location:** \_\_\_\_\_

## Marine Corps League

**Date Joined**

**MCL Det. #881:** \_\_\_\_\_

**Dues Date:** \_\_\_\_\_

**MCL**

**Awards:** \_\_\_\_\_

**MCL Staff Billets**

**Held:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Work History

The following information is voluntary and only requests the types of work done.

**1. Job:** \_\_\_\_\_ **Duty:** \_\_\_\_\_

\_\_\_\_\_

**2. Job:** \_\_\_\_\_ **Duty:** \_\_\_\_\_

\_\_\_\_\_

**3. Job:** \_\_\_\_\_ **Duty:** \_\_\_\_\_

\_\_\_\_\_

**4. Job:** \_\_\_\_\_ **Duty:** \_\_\_\_\_

\_\_\_\_\_

## Organizations

Other organizations that you may belong to. Military, Fraternal, Volunteer, etc.

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information

**Full Name:** \_\_\_\_\_

*Last*

*First*

*MI*

**Address:** \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*Zip Code*

**Primary Phone:** ( ) \_\_\_\_\_ **Alternate Number:** ( ) \_\_\_\_\_

**Relationship:** \_\_\_\_\_