

26th Marines Association Membership and Reunion Form



2025 Membership Dues \$65.00 - (REQUIRED, Due March 31)

Member Last Name:		First:			Middle I.		Suffix:	
Spouse Last Name:		First:			Middle I.			
Email Address:					Cell F	Phone:		
Street Address:					Home F	Phone:		
City:		State:		Zip+4:				
Unit served with	(Co./Bat./Reg)		MOS:		Year (s) s	erved:		
Please NOTE: Memb	pership dues are r <u>eg</u>	uired even if not	attending th	e annual reur	nion			

Reunion Fees (Optional)

Reunion Registration Fee \$60.00, per person - (OPTIONAL, Due August 1)				
Member Last Name:	First:	Middle I.	Suffix:	
Spouse Last Name:	First:	Middle I.	Suffix:	
Guest Last Name	First:	Middle I.	Suffix:	
Guest Last Name	First:	Middle I.	Suffix:	
Guest Last Name	First:	Middle I.	Suffix:	
Comments:	Includes use of Hospitality room with free al	cohol, beer, wine, sodas, ice	, and snacks	

Banquet Regis	Banquet Registration Fee \$60.00, per person - (OPTIONAL, Due August 1)				
Member Last Name:	First:	Middle I.	Suffix:		
Spouse Last Name:	First:	Middle I.	Suffix:		
Guest Last Name	First:	Middle I.	Suffix:		
Guest Last Name	First:	Middle I.	Suffix:		
Guest Last Name	First:	Middle I.	Suffix:		
Comments:	Includes buffet dinner, banquet souvenir,	beverages, and entertainment			

- 1. Please clearly PRINT names and addresses, include complete mailing address with zip code and current email address.
- 2. Make checks payable to 26th Marines Association and mail to:

26th Marines Association c/o Jerry Lewien, Treasurer 517 Crestview Lane St. Charles, MO 63301-0512

Total Submitted: \$
