

Merrill's Marauders Proud Descendants Application

Name: _____
Last First MI

Address _____
Street Town State Zip code

Phone Home _____ Cell _____

Email _____ Check here if you do not wish to receive MMPD email.

Birthdate _____
Marauders, please complete

Name of WW II veteran if other than yourself: _____

Relationship to WW II veteran: _____
(wife, widow, son, daughter, friend, etc.)

Merrill's Marauders

Platoon Company Battalion Color of Combat Team

Other CBI unit (example, 475th, Mars Task Force, 124th Cavalry, 164th Signal Co., Other

Platoon Company Battalion Regiment (if appropriate)

Donation \$ _____ (Suggested \$25 per household)

Use back of form to list additional members in same household.

Make your check or money order payable to:
Merrill's Marauders Proud Descendants and mail to:
Jerrie Daly, 7289 Mill Road, Centerville, MN 55038

Date: _____

Member #: _____ *for office use only*