

**APPLICATION FOR ENROLLMENT  
STATE RETIRED LIST  
MASSACHUSETTS ORGANIZED MILITIA**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_ Work/Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

Current Civilian Employer \_\_\_\_\_

Highest Federally Recognized Rank \_\_\_\_\_ Highest State Rank \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Military Retirement \_\_\_\_\_

Check Service:  ARNG  ANG  MSDF

List Skill Identifiers/Branches/Specialties \_\_\_\_\_

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I hereby make application for appointment to the State Retired List, Massachusetts Organized Militia. I understand that I will be required to attend an annual muster and certify that I meet the following eligibility criteria: (*initial all that apply*)

\_\_\_\_\_ I have five or more years service as a commissioned or warrant officer in the Armed Forces of the Commonwealth and service in time of war in the Armed Forces of the United States

\_\_\_\_\_ I have fifteen or more years total service as a commissioned or warrant officer in the Armed Forces of the Commonwealth

I understand that I will be required to attend an annual muster.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Return this form to Director, Militia Affairs, 44 Salisbury St., Worcester, MA 01609-3157.  
Include your civilian résumé and a copy of NGB Form 22 or DD Form 214 (AGR only).