

USS LST 393 Veterans Museum Honor Program



Veterans Name _____

Branch of Service _____

Dates of Service _____

Rank _____

Specialty/MOS/Rating _____

Division/Unit Designation/Group/Squadron,
Etc. _____

Awards/Medals/Ribbons, Etc. _____

Send a completed form, plus \$30.00 for the wall of Honor.

To: USS LST393 Honors Program

560 Mart St. Muskegon, Mi 49440

Contact Info _____

_____ email _____