

MARINE CORPS LEAGUE

MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM

FROM: Adjutant/Paymaster of _____

Detachment # _____

TO: National Adjutant/Paymaster, PO BOX 3070 MERRIFIELD VA 22116

VIA: Department Paymaster

Date _____

PLEASE READ CAREFULLY

1. PLEASE TYPE OR PRINT NEATLY AND LEGIBLY.
2. Enclose separate dues payment checks; one (1) payable to National HQ, MCL, Inc. and one (1) payable to your Department.
3. Include Date of Birth for all NEW applicants (mandatory for PLMs).
4. Utilize two entries (Old and New) to change a member's address or to correct or change a member's name (COA Code).
5. **STAPLE ORIGINAL-SIGNED APPLICATION FORMS TO TOP COPY** (applications cannot be accepted without attached application forms).
6. Detach and retain bottom copy – Forward balance to Department
Department – retain bottom copy and forward balance to National HQ

Transmittal # _____

(Start new sequence on July 1 each fiscal year).

MEMBER #	CODE(S)	HQ USE ONLY	LAST NAME (JR, etc.)	FIRST	MI
PLM #	STREET ADDRESS (or PO BOX #)		CITY	ST	ZIP + 4
TELEPHONE NUMBER		E-MAIL ADDRESS			DATE OF BIRTH
MEMBER #	CODE(S)	HQ USE ONLY	LAST NAME (JR, etc.)	FIRST	MI
PLM #	STREET ADDRESS (or PO BOX #)		CITY	ST	ZIP + 4
TELEPHONE NUMBER		E-MAIL ADDRESS			DATE OF BIRTH
MEMBER #	CODE(S)	HQ USE ONLY	LAST NAME (JR, etc.)	FIRST	MI
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MEMBER #	CODE(S)	HQ USE ONLY	LAST NAME (JR, etc.)	FIRST	MI
PLM #	STREET ADDRESS (or PO BOX #)		CITY	ST	ZIP + 4
TELEPHONE NUMBER		E-MAIL ADDRESS			DATE OF BIRTH

National dues only

Check # _____

Code

- | | | |
|-----|----------------------------|----------|
| R | ___ Renewal @18= | \$ _____ |
| N | ___ New Member @23= | _____ |
| RAM | ___ Renewal Associate @18= | _____ |
| NAM | ___ New Associate @23= | _____ |
| RDM | ___ Renewal Dual @18= | _____ |
| NDM | ___ New Dual @23= | _____ |

Life Member by age:

- | | | |
|---|------------------------|-------|
| L | ___ 35 and under @ 500 | _____ |
| L | ___ 36 to 50 @ 400 | _____ |
| L | ___ 51 to 60 @ 300 | _____ |
| L | ___ 61 and over @ 150 | _____ |

Total National Dues \$ _____

Department Dues

Check # _____

Total \$ _____

Received at Department

Date: _____

Received at National HQ
(Date/Time Stamp)

SIGNED DETACHMENT ADJUTANT / PAYMASTER

PRINTED NAME

ADDRESS

CITY ST ZIP + 4

NATIONAL HEADQUARTERS ONLY

PINS _____ INV _____