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 _____

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

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

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
PLM #	STREET ADDRESS (or PO BOX #)		CITY	ST	ZIP + 4
TELEPHONE NUMBER	**E-MAIL ADDRESS**				DATE OF BIRTH
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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 @20.00	$_____0.00
N	__New Member @ 25.00	_____0.00
RAM	__Renewal Associate @20.00	_____0.00
NAM	__New Associate @ 25.00	_____0.00
RDM	__Renewal Dual @ 20.00	_____0.00
NDM	__New Dual @ 25.00	_____0.00
Life Member by age:		_____
L	__35 and under @ 500	_____0.00
L	__36 to 50 @ 400	_____0.00
L	__51 to 64 @ 300	_____0.00
L	__65 and over @ 200	_____0.00
	National Dues	0.00

Shaded area are for National HQ use only.

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_____

Revised December 2013

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