

# 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
PLM #	STREET ADDRESS (or PO BOX #)			CITY	ST ZIP + 4
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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      \$ \_\_\_\_\_

<b>Department Dues</b>	SIGNED _____ DETACHMENT ADJUTANT / PAYMASTER
Check # _____	PRINTED NAME _____
Total \$ _____	ADDRESS _____
Received at Department	CITY _____ ST _____ ZIP + 4 _____
Date: _____	NATIONAL HEADQUARTERS ONLY
Received at National HQ (Date/Time Stamp)	PINS _____ INV _____