

MARINE CORPS LEAGUE

MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM

FROM: Adjutant/Paymaster of _____

Detachment # _____

TO: National Adjutant/Paymaster, 3619 Jefferson Davis Hwy Suite 115 Stafford VA 22554

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 |
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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

| | |
|---------------------------------------|---------------|
| R ___ Renewal @20.00 | Check # _____ |
| N ___ New Member @ 25.00 | \$ _____ |
| RAM ___ Renewal Associate@20.00 | _____ |
| NAM ___ New Associate @25.00 | _____ |
| RDM ___ Renewal Dual @20.00 | _____ |
| NDM ___ New Dual @25.00 | _____ |
| N* ___ March 1st-August 30th @15.00 | _____ |
| NAM* ___ March 1st-August 30th @15.00 | _____ |
| NDM* ___ March 1st-August 30th @15.00 | _____ |
| Life Member by age: | |
| L ___ 35 and under @ 500 | _____ |
| L ___ 36 to 50 @ 400 | _____ |
| L ___ 51 to 64 @ 300 | _____ |
| L ___ 65 and over @ 200 | _____ |
| | \$ _____ |

Department Dues

SIGNED _____
DETACHMENT ADJUTANT / PAYMASTER

Check # _____

Total \$ _____

Received at Department

Date: _____

Received at National HQ
(Date/Time Stamp)

| | | |
|---|--------------|---------|
| SIGNED _____ DETACHMENT ADJUTANT / PAYMASTER | | |
| PRINTED NAME | | |
| ADDRESS | | |
| CITY | ST | ZIP + 4 |
| DEPARTMENT PAYMASTER NAME | | |
| EMAIL | PHONE NUMBER | |

T=Transfer
HAD=Honorary Active Duty
H=Honorary
COAN=Change of Address(NEW)
COAO=Change of Address (OLD)

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Shaded area are for National HQ use only.

*For members who join between March 1st and August 30th of each year.