

# 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			
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			
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			
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			
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			

**National dues only**

Check # \_\_\_\_\_

**Code**

R    Renewal @ 20.00                          \$ \_\_\_\_\_  
 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                        \_\_\_\_\_

**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**

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