

# 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
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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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	_____
<b>Life Member by age:</b>	
L ___ 35 and under @ 500	_____
L ___ 36 to 50 @ 400	_____
L ___ 51 to 64 @ 300	_____
L ___ 65 and over @ 200	_____
	\$ _____

**Department Dues**

SIGNED \_\_\_\_\_

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

Total \$ \_\_\_\_\_

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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.