

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 *PLEASE READ CAREFULLY*

Date _____

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. **STAPLE ORIGINAL-SIGNED APPLICATION FORMS TO TOP COPY** (applications cannot be accepted without attached application forms).
5. You may use a supplemental spreadsheet if you have more than six members renewing at one time. Please include all information needed from this form.

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

MEMBER #	CODE(S)	HQ USE ONLY	LAST NAME (JR,etc).	FIRST	MI	# of Years Paying	
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	# of Years Paying	
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	# of Years Paying	
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	# of Years Paying	
PLM #	STREET ADDRESS (or PO BOX #)			CITY	ST	ZIP + 4	
TELEPHONE NUMBER		E-MAIL ADDRESS				DATE OF BIRTH	

NATIONAL DUES ONLY

Check # _____ \$ _____

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 _____

N* ___ March 1st-June 30th @15.00 _____

NAM* ___ March 1st-June 30th @15.00 _____

NDM* ___ March 1st-June 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

Check # _____

Total \$ _____

 Received at Department

Date: _____

Received at National HQ
 (Date/Time Stamp)

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

DETACHMENT PAYMASTER NAME/SIGANTURE

TRANSMITTAL RETURN EMAIL

ADDRESS

CITY ST ZIP + 4

DEPARTMENT PAYMASTER NAME

EMAIL PHONE NUMBER

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Shaded area are for National HQ use only.

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