

# MARINE CORPS LEAGUE MEMBERSHIP DUES TRANSMITTAL CODES

**N(NEW):** New Member Paying Full Dues Between the July 1st and the last day of February

**NAM (NEW ASSOCIATE):** New Associate Member Paying Full Dues Between the July 1st and the last day of February

**R(RENEWAL):** Renewal of a Regular member

**RAM (RENEWAL ASSOCIATE):** Renewal of an Associate Member

**RDM (RENEWAL DUAL MEMBER):** Renewal of a Dual Member

**NDM (NEW DUAL MEMBER):** New Dual Member Paying Full Dues Between the July 1st and the last day of February

**N\*(NEW MARCH 1<sup>ST</sup>-JUNE 30<sup>TH</sup>):** New Member Paying Reduced Dues Between the March 1st and the June 30th.

**NAM\*(NEW MARCH 1<sup>ST</sup>-JUNE 30<sup>TH</sup>):** New Associate Member Paying Reduced Dues Between the March 1st and June 30th.

**NDM\*(NEW MARCH 1<sup>ST</sup>-JUNE 30<sup>TH</sup>):** New Dual Member Paying Reduced Dues Between the March 1st and June 30th.

**L:** Life Member

**T:** Transfer proper form filled out and signed must accompany the transmittal.

**COAN:** Change of address fill in new address.

**COAO:** Change of address fill in address before change.

**R/I:** Reinstatement of a member. Must have been expired by at least one year.

**DEL:** Delete This can only be done with members who are passed the two years drop point or with accompanying letter stating to terminate membership signed by the member. This letter must be signed by the Department, Division Vice Commandant, and National Commandant.

**NOD:** Notice of Death entered on a transmittal / complete all boxes including Date of Death. A copy of the Notice of Death form must be attached. Note, IF using NOD code fill in DATE BIRTH / DEATH actual date of death. This does not change the process the Chaplains presently use. It is meant to supplement.

**CON:** Change of name.

**CARDG:** Replacement of a Gold Life Member Card. \$20.00 per

**CARDP:** Replacement of the Plastic Membership Card. \$10.00 per

**\*\***:If you have no updates to a members contact information(Address/Phone/Email) You can check this box and leave those boxes empty.

**PROFILE ID =** Unique number / identifier assigned to a specific MCL Member in the membership database

Can be found on you Detachment copy of roster sent to you by the Department Paymaster.

# MARINE CORPS LEAGUE

## MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM

**FROM:DETACHMENT:** \_\_\_\_\_ **DETACHMENT #** \_\_\_\_\_

**TO:** National Adjutant/ Paymaster, P.O. Box 1990, Stafford VA 22555-1990

**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           |
| PROFILE ID # | E-MAIL ADDRESS |             | TELEPHONE NUMBER             |       | DATE BIRTH / DEATH |                   |
| 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           |
| PROFILE ID # | E-MAIL ADDRESS |             | TELEPHONE NUMBER             |       | DATE BIRTH / DEATH |                   |
| MEMBER #     | CODE(S)        | HQ USE ONLY | LAST NAME (JR,etc).          | FIRST | MI                 | # of Years Paying |
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| MEMBER #     | CODE(S)        | HQ USE ONLY | LAST NAME (JR,etc).          | FIRST | MI                 | # of Years Paying |
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| PROFILE ID # | E-MAIL ADDRESS |             | TELEPHONE NUMBER             |       | DATE BIRTH / DEATH |                   |
| 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           |
| PROFILE ID # | E-MAIL ADDRESS |             | TELEPHONE NUMBER             |       | DATE BIRTH / DEATH |                   |

**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-June 30th \$15.00   | _____         |
| NAM* ___ March 1st-June 30th \$15.00 | _____         |
| NDM* ___ March 1st-June 30th \$15.00 | _____         |
| <b>Life Member by age:</b>           |               |
| L ___ 35 and under \$1000            | _____         |
| L ___ 36 to 50 \$800                 | _____         |
| L ___ 51 to 64 \$600                 | _____         |
| L ___ 65 to 84 \$400                 | _____         |
| L ___ 85 and over \$100              | _____         |
|                                      | \$ _____      |

|  |   |
|--|---|
| <b>Department Dues</b>                       | DETACHMENT PAYMASTERS NAME/SIGNATURE                      |
| Check # _____                                | TRANSMITTAL RETURN EMAIL                                  |
| Total \$ _____                               | ADDRESS   |
| *****<br>Received at Department              | CITY                      ST                      ZIP + 4 |
| Date: _____                                  | DEPARTMENT PAYMASTERS NAME                                |
| Received at National HQ<br>(Date/Time Stamp) | EMAIL                      PHONE NUMBER                   |
|  | /   |

T= Transfer  
R/I=Reinstate Use R section of dues summary  
FILL OUT ALL FIELDS AND SEND TO DEPARTMENT PAYMASTER w/ FEES  
DEPARTMENT PAYMASTER FORWARD TO HEADQUARTERS  
\*For members who join between March 1st and June 30th of each year.

*Shaded area are for National HQ use only.*