

# 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.

**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
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
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 \$500             | _____         |
| L ___ 36 to 50 \$400                 | _____         |
| L ___ 51 to 64 \$300                 | _____         |
| L ___ 65 and over \$200              | _____         |
|                                      | \$ _____      |

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

T= Transfer  
R/I=Reinstate

FILL OUT ALL FIELDS AND SEND TO DEPARTMENT PAYMASTER w/ FEES  
DEPARTMENT PAYMASTER FORWARD TO HEADQUARTERS

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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.