

TRANSMITTAL FORM

Detachment # _____

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 1ST-JUNE 30TH): New Member Paying Reduced Dues Between the March 1st and the June 30th.

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

NDM*(NEW MARCH 1ST-JUNE 30TH): 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 included. 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.

CARDP: Replacement of the Plastic Membership Card.

****:** 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.

TRANSMITTAL FORM

Detachment # _____

Detachment Number: _____

Detachment Name: _____

Department: _____

Division: _____

Detachment Paymaster Name: _____

Det. Paymaster Address Line 1: _____

Det. Address Line 2: _____

Det. Paymaster City: _____

Det. Paymaster State: _____

Det. Paymaster Zip: _____

Det. Paymaster Email: _____

Det. Paymaster Phone: _____

Dept. Paymaster Name: _____

Dept. Paymaster Email: _____

Dept. Paymaster Phone: _____

Transmittal Date: _____

Transmittal #: _____

Detachment Signature: _____ **Department Signature:** _____

Department Date Received: _____

National Date Received: _____

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

VIA: Department Paymaster

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. Attach ORIGINAL-SIGNED APPLICATION and/or TRANSFER FORMS (APPLICATIONS or TRANSFER cannot be processed without attached forms). **New Members cannot be processed at National Headquarters without a copy of the application**

TRANSMITTAL FORM

Detachment # _____
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DEPARTMENT DUES: _____

DEPARTMENT CHECK#: _____

NATIONAL DUES ONLY (CODES)	COST PER MEMBER	QUANTITY	TOTAL
N(NEW)	25.00		
NAM(NEW ASSOCIATE)	25.00		
R(Renewal)	20.00		
RAM(Renewal Associate)	20.00		
RDM(Renewal Dual)	20.00		
R/I(Reinstate)	20.00		
NDM(New Dual Member)	25.00		
N*(NEW March 1st-June 30th)	15.00		
NAM* (NEW March 1st-June 30th)	15.00		
NDM* (NEW March 1st-June 30th)	15.00		
L (35 and under)	1000.00		
L (36-50)	800.00		
L (51-64)	600.00		
L (65-84)	400.00		
L (85 and over)	100.00		
CARDG	20.00		
CARDP	10.00		
TOTAL:			

NATIONAL CHECK#: _____

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