

# MARINE CORPS LEAGUE

## MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM

**FROM:** Adjutant/Paymaster of \_\_\_\_\_

Detachment # \_\_\_\_\_

**TO:** National Adjutant/Paymaster, PO BOX 3070 MERRIFIELD VA 22116  
**VIA:** Department Paymaster

Date \_\_\_\_\_

1. Enclose separate dues payment checks; one (1) payable to National HQ, MCL, Inc. and one (1) payable to your Department.
2. Please include Date of Birth for all NEW applicants (mandatory for PLMs).
3. Utilize two entries (Old and New) to change a member's address or to correct or change a member's name (COA Code).
4. PLEASE TYPE OR PRINT NEATLY AND LEGIBLY.
5. Shaded areas are for National HQ use only.

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		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		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		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		E-MAIL ADDRESS			DATE OF BIRTH
MEMBER #	CODE(S)	HQ USE ONLY	LAST NAME (JR, etc.)	FIRST	MI
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TELEPHONE		E-MAIL ADDRESS			DATE OF BIRTH
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TELEPHONE		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		E-MAIL ADDRESS			DATE OF BIRTH

**Code National dues only**      Check # \_\_\_\_\_

R \_\_\_ Renewal @ 18.00      \$ \_\_\_\_\_

N \_\_\_ New Member @ 23.00      \_\_\_\_\_

L \_\_\_ Life Member      \_\_\_\_\_

T/COA \_\_\_ Transfer/Change of address      \_\_\_\_\_

RAM \_\_\_ Associate (renew) @ 18.00      \_\_\_\_\_

NAM \_\_\_ Associate (new) @ 23.00      \_\_\_\_\_

RDM \_\_\_ Dual (renew) @ 18.00      \_\_\_\_\_

NDM \_\_\_ Dual (new) @ 23.00      \_\_\_\_\_

Total National Dues      \$ \_\_\_\_\_

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**PLEASE READ CAREFULLY**

Detach and retain bottom copy. Forward balance to Department.  
 Department retain bottom copy and forward balance to National HQ.

Revised May 2007

<b>Department Dues</b>	SIGNED DETACHMENT ADJUTANT / PAYMASTER
Check # _____	PRINTED NAME _____
Total \$ _____	ADDRESS _____
Received at Department	CITY _____ ST _____ ZIP + 4 _____
Date: _____	NATIONAL HEADQUARTERS ONLY
Received at National HQ (Date/Time Stamp)	PINS _____ INV _____