

# MARINE CORPS LEAGUE

## MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM

**FROM:DETACHMENT:** \_\_\_\_\_ # \_\_\_\_\_ Profile ID # \_\_\_\_\_

**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	
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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
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.*