

Marine Corps League

REPORT OF OFFICER INSTALLATION



DETACHMENT NAME	DETACHMENT #	DEPARTMENT OF

FROM:

TO: NATIONAL ADJUTANT PAYMASTER

VIA: DEPARTMENT ADJUTANT

DET FEDERAL EIN: _____

DET INCORPORATION ID # _____ **DATE** _____

DEPT FEDERAL EIN: _____

DEPT INCORPORATION ID # _____ **DATE** _____

FOR DEPT INSTALL ONLY: _____

DATE OF ELECTIONS	DATE/PLACE OF INSTALLATION	INSTALLING OFFICER & TITLE	SIGNATURE OF INSTALLING OFFICER
			Unavailable for Signature

DETACHMENT MEETING:

DAY/DATE OF MEETING	TIME	PLACE
STREET ADDRESS	CITY	STATE
		ZIP

E-MAIL OFFICIAL CORRESPONDENCE TO: _____

FAX OFFICIAL CORRESPONDENCE TO: () _____ **MARK FOR THE ATTN:** _____

*Note: The ADDRESS information called for in the following section does not necessarily refer to the Officer's personal mailing address, but rather the address at which the Officer will receive official correspondence from National and Department Headquarters. If the Department/Detachment has a single address, i.e. PO BOX, to which all official correspondence should be sent, list that address for all Officers. The officer MUST be installed to be listed on form.

OFFICE	INCUMBENT	PHONE NUMBER EMAIL ADDRESS	ADDRESS *See note above	CITY, STATE ZIP +4
COMMANDANT		() _____		
SENIOR VICE COMMANDANT		() _____		
JUNIOR VICE COMMANDANT		() _____		
JUDGE ADVOCATE		() _____		
JUNIOR PAST COMMANDANT		() _____		
ADJUTANT PAYMASTER		() _____		
ADJUTANT		() _____		
PAYMASTER		() _____		
CHAPLAIN		() _____		
SERGEANT- AT ARMS		() _____		
WEB SERGEANT		() _____		
		() _____		

Total **renewal** dues are \$ _____. This amount is the total of Detachment, Department and National dues and will appear on the Direct Billing Notices.

SUBMITTED BY	TITLE	SIGNATURE	DATE

PLEASE READ CAREFULLY

Detach and retain bottom copy. Forward balance to Department Adjutant.
Department retain bottom copy and forward original to National HQ
and remaining copy to National Division Vice Commandant