



PROCEDURES

TRANSMITTAL FORM

Membership information is passed on from a Detachment to a Department to National Headquarters via this form of communication in the Marine Corps League.

MCL "TRANSMITTAL FORM"

NATIONAL ADMINISTRATIVE PROCEDURES

MEMBERSHIP "GOOD STANDING" DEFINITION

Section 7030.

Good Standing. All members shall be considered in good standing in the Marine Corps League.

a. Except when:

(1) Required dues are not paid, and transmitted, on or before membership expiration date. Transmitted to Department Paymaster.

(2) A member is indebted or in arrears to the member's Detachment, Department, or to National Headquarters.

Section 7035. Delinquent Member. A member shall be identified as delinquent whenever the member's dues are not paid and transmitted to Department Paymaster.

Section 6010. Dues. The Detachment and Department Paymaster shall immediately remit to the National Chief Operating Officer those transmittal forms and such funds which are due to the National Headquarters.

MCL "TRANSMITTAL FORM"

MARINE CORPS GOOD BUSINESS PRACTICE

SUBMITTING TRANSMITTALS

This job can be shared by the Adjutant, or handled by the Paymaster in its entirety, based on practicality and Detachment practices and procedures. **It is extremely important to handle dues and membership transmittals in an expeditious manner.** This will be the first impression a new member has of the Marine Corps League to assure timely receipt of the member's card and lapel pin. **Dues should be transmitted upon receipt during the month and immediately after a meeting where a new member join.** It is acceptable to have only one entry on a Transmittal Form. It is equally important that the transmittal forms are done accurately and filled out completely, and the money is forwarded in compliance with Department and National procedures. It is important to review the transmittal instructions, as well as any procedures and policies, distributed by Department and National. This will help assure the goal of timely response for membership cards and pins. Refer to the Division Paymasters Guide.

MCL "TRANSMITTAL FORM"

TYPES OF INFORMATION COMMUNICATED ON A TRANSMITTAL FORM

MARINE CORPS LEAGUE MEMBERSHIP TRANSMITTAL CODES

N: New Member Paying Full Dues Between the July 1st and the last day of February

NAM: New Associate Member Paying Full Dues Between the July 1st and the last day of February

R: Renewal of a Regular member

RAM: Renewal of an Associate Member

NDM: New Dual Member Paying Full Dues Between the July 1st and the last day of February

N*: New Member Paying Reduced Dues Between the March 1st and the June 30th.

NAM*: New Associate Member Paying Reduced Dues Between the March 1st and June 30th.

NDM*: New Dual Member Paying Reduced Dues Between the March 1st and June 30th.

R/I: Reinstatement of a member. Must have been expired by at least one year.

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TYPES OF INFORMATION COMMUNICATED ON A TRANSMITTAL FORM

MARINE CORPS LEAGUE MEMBERSHIP TRANSMITTAL CODES

~~COAO~~: Change of address fill in address before change. **MEMBER PROFILE UPDATED AT DETACHMENT**

~~COAN~~: Change of address fill in new address. **MEMBER PROFILE UPDATED AT DETACHMENT**

NEW – NO TRANSMITTAL NEEDED FOR MEMBER PERSONAL DATA

CURRENT MEMBER INDIVIDUAL PROFILE INFORMATION IS UPDATED VIA THE MCL NATIONAL WEBSITE.

<https://web.mcleaguelibrary.org/portal>

DETACHMENT MEMBER UPDATES ARE MADE BY THE DETACHMENT ADJUTANT OR ADJUTANT / PAYMASTER

- ***Backup copies of change request should be kept on file with the Detachment Adjutant.***
- ***Member data that can be changed at this level; Address, City, State, Zip, Phone Number, eMail Address***

MCL "TRANSMITTAL FORM"

TYPES OF INFORMATION COMMUNICATED ON A TRANSMITTAL FORM

MARINE CORPS LEAGUE MEMBERSHIP TRANSMITTAL CODES

CON: Change of name.

T: Transfer proper form filled out and signed must accompany the transmittal.

DEL: Delete This can only be done with members who are passed the two year drop point or with accompanying letter stating to terminate membership signed by the member.

NEW

NOD: Notice of Death must be communicated by an entry on a transmittal

PLUS the "Notice of Death" form still must be submitted by Chaplain

When using the NOD code fill in the DATE BIRTH / DEATH with the actual legal date of death

MCL "TRANSMITTAL FORM"

*Don't communicate to be understood.
Communicate so you can not be misunderstood.*

WHAT IS A PROFILE ID?

As of:	04/01/2021	Division:	MWDIV MIDWEST DIVISION	Department:	KS DEPARTMENT OF KANSAS	Detachment ID:	19775	Paid:	88	
Profile ID	Member	Address	City	St	Zip	MemberID	Life Number	Life Join Date	Mbr Since	Paid
20773	DENIS ARMSTRONG	22055 W 271ST ST	PAOLA	KS	66071-9303	184572			04/01/2003	Y
20774	WILLIAM C BAILEY	13914 W. 73RD STREET	SHAWNEE	KS	66215	332340	58632	06/30/2014	06/27/2013	Y
20775	DONALD J BEARY	9406 FALCON RIDGE DR	LENEXA	KS	66220	231318	64866	08/03/2020	04/26/2018	Y
20776	MAX BEERUP	8836 N LOCUST	KANSAS CITY	MO	64153-2525	184829	39598	04/20/2004	04/01/2003	Y
20757	KENDRA BOLEJACK	10236 W 96TH TERRACE	OVERLAND PARK	KS	66212-2219	332339			06/27/2013	Y
20778	DAVID BROWN	22772 BEGFORD RD	STILWELL	KS	66083-9189	352830			06/07/2017	Y
20779	WILLIAM E BURGETT	9108 ENGLAND ST	OVERLAND PARK	KS	66212-3931	157587	18636	08/28/2007	03/02/2003	Y

NEW

A **PROFILE ID** IS A **UNIQUE IDENTIFIER CODE** FOR EACH MCL MEMBER & DETACHMENT IN THE MCL INFORMATION SYSTEM DATABASE.

THE **PROFILE ID** WILL NOW APPEAR ON ALL REPORTS GENERATED FROM THE MCL INFORMATION SYSTEM.

THE DETACHMENT ROSTER CAN NOW BE GENERATED & PRINTED FOR DETACHMENTS AT THE DEPARTMENT LEVEL.

NOTE, DETACHMENT ROSTERS WILL BE SENT TO DETACHMENTS QUARTERLY OR BY REQUEST FROM DEPARTMENT PAYMASTER

MCL "TRANSMITTAL FORM"

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TYPES OF INFORMATION COMMUNICATED ON A TRANSMITTAL FORM – CODE USAGE

NOD: NOTICE OF DEATH ENTERED DATE BIRTH / DEATH BOX ON TRANSMITTAL – FILL ALL BOXES

ENTER ACTUAL LEGAL DATE OF BIRTH

PLUS "NOTICE OF DEATH" FORM STILL MUST BE SUBMITTED BY CHAPLAIN

MEMBER #	CODE(S)	HO USE ONLY	LAST NAME (JR,etc)	FIRST	MI	# of Years Paying
157587	NOD		SMITH	JOSEPH	M	1
PLM #	STREET ADDRESS (or PO BOX #)		CITY	ST	ZIP + 4	Prior Expiration
48543	543 SOUTH SUSAN DRIVE		NEW OXFORD	OK	66215	
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE BIRTH / DEATH	
20675	smith@gmail.com		(864) 786-9844		04/02/1921	

CON: CHANGE OF NAME – FILL IN ALL BOXES

T: TRANSFER PROPER FORM FILLED OUT AND SIGNED MUST ACCOMPANY THE TRANSMITTAL.

DEL: DELETE THIS CAN ONLY BE DONE WITH MEMBERS WHO ARE PASSED THE TWO-YEAR DROP POINT OR WITH ACCOMPANYING LETTER STATING TO TERMINATE MEMBERSHIP SIGNED BY THE MEMBER.

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TYPES OF INFORMATION COMMUNICATED ON A TRANSMITTAL FORM – CODE USAGE

R: RENEWAL OF A EXESTING REGULAR MEMBER / **No other profile changes**

RAM: RENEWAL OF AN EXISTING ASSOCIATE MEMBER / **No other profile changes**

MEMBER #	CODE(S)	HQ USE ONLY	LAST NAME (JR.etc)	FIRST	MI	# of Years Paying
157587	R		SMITH	JOSEPH	M	1
PLM #	STREET ADDRESS (or PO BOX #)		CITY	ST	ZIP + 4	Prior Expiration
PROFILE ID #	E-MAIL ADDRESS		TELEPHONE NUMBER	DATE BIRTH / DEATH		
20675						

N: NEW MEMBER / Fill in ALL Boxes (Note ALL member ID numbers assigned by MCL Headquarters)

NAM: NEW ASSOCIATE MEMBER / Fill in ALL Boxes

N*: NEW MEMBER PAYING REDUCED DUES BETWEEN THE MARCH 1ST AND THE JUNE 30TH.

NAM*: NEW ASSOCIATE MEMBER PAYING REDUCED DUES BETWEEN THE MARCH 1ST AND JUNE 30TH.

NDM*: NEW DUAL MEMBER PAYING REDUCED DUES BETWEEN THE MARCH 1ST AND JUNE 30TH. R/I:
REINSTATEMENT OF A MEMBER. MUST HAVE BEEN EXPIRED BY AT LEAST ONE YEAR.

MEMBER #	CODE(S)	HQ USE ONLY	LAST NAME (JR.etc)	FIRST	MI	# of Years Paying
	N		SMITH	JOSEPH	M	1
PLM #	STREET ADDRESS (or PO BOX #)		CITY	ST	ZIP + 4	Prior Expiration
	543 SOUTH SUSAN DRIVE		NEW OXFORD	OK	66215	
PROFILE ID #	E-MAIL ADDRESS		TELEPHONE NUMBER	DATE BIRTH / DEATH		
	smith@gmail.com		(864) 786-9844	05/14/1983		

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FILLING OUT THE TRANSMITTAL FORM – Download from MCL Library each session so you are always using current form

MARINE CORPS LEAGUE			
MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM			
FROM: DETACHMENT:	GENERAL LARRY OPPENHEIMER	# 1025	PROFILE ID# 19775
TO:	National Adjutant/ Paymaster, 3619 Jefferson Davis Hwy Suite 115 Stafford VA 22554		
VIA:	Department Paymaster	PLEASE READ CAREFULLY	Date: 09/01/2021
1. PLEASE TYPE OR PRINT NEATLY AND LEGIBLY.			Transmittal # 1025-20-001-001
2. Enclose separate dues payment checks; one (1) payable to National HQ, MCL, Inc. and one (1) payable to your Department			(Start new sequence on July 1 each fiscal year)
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.			

1. ENTER DETACHMENT NAME SUBMITTING TRANSMITTAL
2. ENTER DETACHMENT NUMBER
3. ENTER DETACHMENT PROFILE ID
4. ENTER DATE OF MAILING TRANSMITTAL TO DEPARTMENT PAYMASTER

NOTE: It is best to match the Date on the Transmittal with the Date on the Checks you write for future reference if needed.

4. ENTER TRANSMITTAL # Suggest a Fiscal Year sequence for record keeping / **example 1025-22-001-001**
5. **Note Transmittal Number on checks for future reference**

Detachment # (4 digits) - Fiscal Year (2 digits) – Transmittal # (3 digits) – Pages in Transmittal Batch (3 digits)

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MEMBER #	5	CODE(S)	6	HQ USE ONLY	LAST NAME (JR, etc)	7	FIRST	8	MI	9	# of Years Paying	10	
PLM #	11	STREET ADDRESS (or PO BOX #)				12	CITY	13	ST	14	ZIP + 4	15	Prior Expiration
DB PROFILE	16	E-MAIL ADDRESS				17	TELEPHONE NUMBER		18	DATE BIRTH / DEATH			19

5. ENTER MCL MEMBER #

6. ENTER VALID TRANSMITTAL CODE (SEE LIST OF VALID CODES)

#10 ENTER NUMBER OF YEARS IF MEMBER IS PAYING DUES FOR ON THIS TRANSMITTAL

11. ENTER LIFE MEMBER NUMBER

16. ENTER MCL MEMBER PROFILE ID NUMBER *(Unique number / identifier per MCL Member in database)*

19. ENTER DATE BIRTH or DEATH DEPENDING ON CODE USED

MUST BE ENTERED FOR NEW MEMBER AND NOD CODE

IMPORTANT DOUBLE CHECK MEMBER #, PLM #, PROFILE ID ARE CORRECT

NOTE, DETACHMENT ROSTERS WILL BE SENT TO DETACHMENTS QUARTERLY OR BY REQUEST FROM DEPARTMENT PAYMASTER

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FILLING OUT THE TRANSMITTAL FORM – Download from MCL Library each session so you are always using current form

NATIONAL DUES ONLY			Check #	20
R	Renewal @20.00	\$	0.00	
N	New Member @ 25.00		0.00	
RAM	Renewal Associate@20.00		0.00	
NAM	New Associate @25.00		0.00	
RDM	Renewal Dual @20.00		0.00	22
NDM	New Dual @25.00		0.00	
N*	March 1st-June 30th @15.00		0.00	
NAM*	March 1st-June 30th @15.00		0.00	
NDM*	March 1st-June 30th @15.00		0.00	
Life Member by age:				
L	35 and under @ 500		0.00	
L	36 to 50 @ 400		0.00	
L	51 to 64 @ 300		0.00	
L	65 and over @ 200		0.00	
National Dues \$			0.00	23

Department Dues	
Check #	21
Total \$	24
Received at Department	
Date:	
Received at National HQ (Date/Time Stamp)	

DETACHMENT PAYMASTER NAME/SIGNATURE		
TRANSMITTAL RETURN EMAIL		
ENTER DETACHMENT INFORMATION		
CITY	ST	ZIP + 4
DEPARTMENT PAYMASTER NAME		
EMAIL	PHONE NUMBER	
ENTER DEPARTMENT INFORMATION		

T= Transfer
R/I=Reinstate
CCAN= Change of Address (NEW)
CCAO= Change of Address (OLD)

MEMBERSHIP PROFILE CHANGE INFORMATION ENTERED INTO MCL DATABASE AT DETACHMENT LEVEL

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← PAYMASTER SIGN REPORT

NATIONAL DUES RENEWAL = \$20.00

NATIONAL DUES NEW = \$25.00

DEPARTMENT DUES = \$5.00

DETACHMENT DUES = \$xx.xx

- 20. ENTER CHECK NUMBER - NATIONAL
- 21. ENTER CHECK NUMBER – DEPARTMENT
- 22. ENTER DETAIL AMOUNT PER TRANSMITTAL CODE
- 23. ENTER TOTAL DUES – NATIONAL
- 24. ENTER TOTAL DUES - DEPARTMENT

COMPLETED Transmittals & Checks sent to the Department Paymaster upon receipt of member dues.
Once received by Department Paymaster the members Profile will be updated in the MCL Information System.

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TRANSMITTAL TRANSACTION COMPLETE NOTIFICATION IS SENT BACK TO DETACHMENT WHEN TRANSMITTAL DATA IS INPUT INTO THE MCL INFORMATION SYSTEM DATABASE WITH ALL COMPLETION DATES RECORDED FOR YOUR RECORDS. THESE SHOULD BE FILED FOR FUTURE REFERENCE.

MEMBER # 366969	CODE(S) N	HQ USE ONLY 9/2/21	LAST NAME (JR, etc.) FOCKE	FIRST MICHAEL	MI	# of Years Paying
PLM #	STREET ADDRESS (or PO BOX #) 531 W. 121ST		CITY OVERLAND PARK	ST KS	ZIP + 4 66209-4121	Prior Expiration
TELEPHONE NUMBER (816) 219-4500	E-MAIL ADDRESS MOFOCKE@GMAIL.COM		DATE OF BIRTH 03/31/1982			
MEMBER # 366970	CODE(S) N	HQ USE ONLY 9/2/21	LAST NAME (JR, etc.) NGUYEN	FIRST ALEXANDER	MI	# of Years Paying
PLM #	STREET ADDRESS (or PO BOX #) 20234 W. 90TH TERRACE		CITY LENEXA	ST KS	ZIP + 4 66226-3812	Prior Expiration
TELEPHONE NUMBER (913) 314-9984	E-MAIL ADDRESS ALEXANDER-KS@YAHOO.COM		DATE OF BIRTH 04/19/1999			
MEMBER # 212213	CODE(S) NCD	HQ USE ONLY ✓	LAST NAME (JR, etc.) COCKBURN	FIRST JAMES	MI	# of Years Paying
PLM # 57758	STREET ADDRESS (or PO BOX #) 34130 ROCKVILLE ROAD		CITY LOUISBURG	ST KS	ZIP + 4 66053-3937	Prior Expiration

NATIONAL DUES ONLY		Check #	1075
R	Renewal @20.00	\$	0.00
N	3 New Member @ 25.00		75.00
RAM	Renewal Associate @20.00		0.00
NAM	New Associate @25.00		0.00
RDM	Renewal Dual @20.00		0.00
NDM	New Dual @25.00		0.00
N*	March 1st-June 30th @15.00		0.00
NAM*	March 1st-June 30th @15.00		0.00
NDM*	March 1st-June 30th @15.00		0.00
Life Member by age:			
L	35 and under @ 500		0.00
L	36 to 50 @ 400		0.00
L	51 to 64 @ 300		0.00
L	65 and over @ 200		0.00
National Dues \$			75.00

Department Dues Check # 1076 Total \$ 15.00 Received at Department RECEIVED NOV 20 2020 Received at National HQ (Date/Time Stamp) DEC 28 2020 C.O.	DETACHMENT PAYMASTER NAME/SIGNATURE <i>William R. Clinton</i> TRANSMITTAL RETURN EMAIL BDCLINT@SBCGLOBAL.NET ADDRESS 11232 PFLUMM ROAD CITY ST ZIP + 4 LENEXA KS 66215-4811 DEPARTMENT PAYMASTER NAME Harvey L. Harris harvey.harris@att.net 785-640-6077 RECEIVED NOV 15 2020
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T= Transfer
R!=Reinstate
CCAN= Change of Address (NEW)
CCAO= Change of Address (OLD)

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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.