



Macomb County Detachment
 Department of Michigan
 Marine Corps League
 Incorporated by Act of Congress

I, _____

agree to pay \$ _____ per month starting with the month and
 year of _____, for the purpose of reimbursing the
 Detachment for Paid Life Membership in the Marine Corps League. The total amount of
 your Paid Life Membership will be:

Payment Schedule: Please indicate the amount you wish to make each month in payments on the
 first line of each block.

January	February	March	April	May	June	July	August	September	October	November	December

Age and Amount:

To 35 years of age \$500.00
 36 to 50 years of age \$400.00
 51 to 60 years of age \$300.00
 61 years of age and up \$200.00

- Checks are payable to: Macomb County Detachment-MCL and should be mailed to the Adjutant/Paymaster at: **P.O. Box 183610, Shelby Township, Mich., 48318**
- Cash or a check may be turned in to the Adjutant/Paymaster at Detachment General Membership Meetings.

I understand that the Detachment has paid for my Life Membership amount in advance and that the Detachment expects the payment schedule to be followed until paid in full.

Signature and Agreed upon:

Date: _____

Please note: After filling out this form and signing it, please return it to the Adjutant/Paymaster at the above address.