MARINE CORPS LEAGUE
MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM

FROM: Adjutant/Paymaster of _____

Detachment # _____

TO: National Adjutant/Paymaster, 3619 Jefferson Davis Hwy Suite 115 Stafford VA 22554
VIA: Department Paymaster

Date _____

Transmittal # _____
(Start new sequence on July 1 each fiscal year).

PLEASE READ CAREFULLY

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. **Utilize two entries (Old and New) to change a member's address or to correct or change a member's name (COA Code).**
5. **STAPLE ORIGINAL-SIGNED APPLICATION FORMS TO TOP COPY (applications cannot be accepted without attached application forms).**
6. **Detach and retain bottom copy – Forward balance to Department**
   Department – retain bottom copy and forward balance to National HQ

MEMBER #	CODE(S)	HQ USE ONLY	LAST NAME (JR,etc).	FIRST	MI
PLM #	STREET ADDRESS (or PO BOX #)		CITY	ST	ZIP + 4
TELEPHONE NUMBER	**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 NUMBER	**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 NUMBER	**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 NUMBER	**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 NUMBER	**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 NUMBER	**E-MAIL ADDRESS**				DATE OF BIRTH

NATIONAL DUES ONLY Check #_____

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
NDM	__New Dual @25.00	0.00
N*	__**March 1st-August 30th** @15.00	0.00
NAM*	__ **March 1st-August 30th** @15.00	0.00
NDM*	__**March 1st-August 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

Department Dues

Check #_____

Total $_____

****

Received at Department

Date:_____

Received at National HQ
(Date/Time Stamp)

SIGNED DETACHMENT ADJUTANT / PAYMASTER

PRINTED NAME

ADDRESS

CITY ST ZIP + 4

DEPARTMENT PAYMASTER NAME

EMAIL PHONE NUMBER

T=Transfer
HAD=Honorary Active Duty
H=Honorary
COAN=Change of Address(NEW)
COAO=Change of Address (OLD)

© 2016 Marine Corps League, Inc.
For Official Marine Corps League use only.
All other use is prohibited.

Shaded area are for National HQ use only.

*For members who join between March 1st and August 30th of each year.