

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_

Transmittal # \_\_\_\_\_

## CODES:

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

**NAM (NEW ASSOCIATE):** New Associate Member Paying Full Dues Between the July 1st and the last day of February

**R(RENEWAL):** Renewal of a Regular member

**RAM (RENEWAL ASSOCIATE):** Renewal of an Associate Member

**RDM (RENEWAL DUAL MEMBER):** Renewal of a Dual Member

**NDM (NEW DUAL MEMBER):** New Dual Member Paying Full Dues Between the July 1st and the last day of February

**N\*(NEW MARCH 1<sup>ST</sup>-JUNE 30<sup>TH</sup>):** New Member Paying Reduced Dues Between the March 1st and the June 30th.

**NAM\*(NEW MARCH 1<sup>ST</sup>-JUNE 30<sup>TH</sup>):** New Associate Member Paying Reduced Dues Between the March 1st and June 30th.

**NDM\*(NEW MARCH 1<sup>ST</sup>-JUNE 30<sup>TH</sup>):** New Dual Member Paying Reduced Dues Between the March 1st and June 30th.

**L:** Life Member

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

**COAN:** Change of address fill in new address.

**COAO:** Change of address fill in address before change.

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

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

**NOD:** Notice of Death entered on a transmittal / complete all boxes including Date of Death. Note, IF using NOD code fill in DATE BIRTH / DEATH actual date of death. This does not change the process the Chaplains presently use. It is meant to supplement.

**CON:** Change of name.

**CARDG:** Replacement of a Gold Life Member Card.

**CARDP:** Replacement of the Plastic Membership Card.

**\*\*:** If you have no updates to a members contact information(Address/Phone/Email) You can check this box and leave those boxes empty.

**PROFILE ID =** Unique number / identifier assigned to a specific MCL Member in the membership database

Can be found on you Detachment copy of roster sent to you by the Department Paymaster / or requested.

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_

Detachment Number: \_\_\_\_\_

Detachment Name: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Detachment Paymaster Name: \_\_\_\_\_

Det. Paymaster Address Line 1: \_\_\_\_\_

Det. Address Line 2: \_\_\_\_\_

Det. Paymaster City: \_\_\_\_\_

Det. Paymaster State: \_\_\_\_\_

Det. Paymaster Zip: \_\_\_\_\_

Det. Paymaster Email: \_\_\_\_\_

Det. Paymaster Phone: \_\_\_\_\_

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Dept. Paymaster Name: \_\_\_\_\_

Dept. Paymaster Email: \_\_\_\_\_

Dept. Paymaster Phone: \_\_\_\_\_

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Transmittal Date: \_\_\_\_\_

Transmittal #: \_\_\_\_\_

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**Detachment Signature:** \_\_\_\_\_ **Department Signature:** \_\_\_\_\_

**Department Date Received:** \_\_\_\_\_

**National Date Received:** \_\_\_\_\_

TO: Membership Supervisor, P.O. Box 1990, Stafford, VA 22555-1990

VIA: Department Paymaster

**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. Attach ORIGINAL-SIGNED APPLICATION and/or TRANSFER FORMS (APPLICATIONS or TRANSFER cannot be processed without attached forms). **New Members cannot be processed at National Headquarters without a copy of the application**

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_  
Transmittal # \_\_\_\_\_

DEPARTMENT DUES: \_\_\_\_\_

DEPARTMENT CHECK#: \_\_\_\_\_

NATIONAL DUES ONLY (CODES)	COST PER MEMBER	QUANTITY	TOTAL
N(NEW)	25.00		
NAM(NEW ASSOCIATE)	25.00		
R(Renewal)	20.00		
RAM(Renewal Associate)	20.00		
RDM(Renewal Dual)	20.00		
R/I(Reinstate)	20.00		
NDM(New Dual Member)	25.00		
N*(NEW March 1st-June 30th)	15.00		
NAM* (NEW March 1st-June 30th)	15.00		
NDM* (NEW March 1st-June 30th)	15.00		
L (35 and under)	500.00		
L (36-50)	400.00		
L (51-64)	300.00		
L (65 and over)	200.00		
CARDG	20.00		
CARDP	10.00		
<b>TOTAL:</b>			

NATIONAL CHECK#: \_\_\_\_\_

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