

# MARINE CORPS LEAGUE

## MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM

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

**FROM:** Adjutant/Paymaster of \_\_\_\_\_

**TO:** National Adjutant/Paymaster, PO BOX 3070 MERRIFIELD VA 22116  
**VIA:** Department Paymaster

Date \_\_\_\_\_

1. Enclose separate dues payment checks; one (1) payable to National HQ, MCL, Inc. and one (1) payable to your Department.
2. Please include Date of Birth for all NEW applicants (mandatory for PLMs).
3. Utilize two entries (Old and New) to change a member's address or to correct or change a member's name (COA Code).
4. PLEASE TYPE OR PRINT NEATLY AND LEGIBLY.
5. Shaded areas are for National HQ use only.

Transmittal # \_\_\_\_\_  
*(Start new sequence on July 1 each fiscal year).*

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

SAMPLE

**Code National dues only**      Check # \_\_\_\_\_

R \_\_\_ Renewal @ 18.00      \$ \_\_\_\_\_

N \_\_\_ New Member @ 23.00      \_\_\_\_\_

L \_\_\_ Life Member      \_\_\_\_\_

T/COA \_\_\_ Transfer/Change of address      \_\_\_\_\_

RAM \_\_\_ Associate (renew) @ 18.00      \_\_\_\_\_

NAM \_\_\_ Associate (new) @ 23.00      \_\_\_\_\_

RDM \_\_\_ Dual (renew) @ 18.00      \_\_\_\_\_

NDM \_\_\_ Dual (new) @ 23.00      \_\_\_\_\_

Total National Dues      \$ \_\_\_\_\_

**Department Dues**

Check # \_\_\_\_\_

Total \$ \_\_\_\_\_

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Received at Department

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

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Received at National HQ  
 (Date/Time Stamp)

SIGNED      DETACHMENT ADJUTANT / PAYMASTER

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PRINTED NAME

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ADDRESS

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CITY      ST      ZIP + 4

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NATIONAL HEADQUARTERS ONLY

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PINS \_\_\_\_\_ INV \_\_\_\_\_

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**PLEASE READ CAREFULLY**

Detach and retain bottom copy. Forward balance to Department.  
 Department retain bottom copy and forward balance to National HQ.