

# MARINE CORPS LEAGUE

## MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM

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

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

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

**VIA:** Department Paymaster

Date \_\_\_\_\_

*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

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 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
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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 NUMBER		E-MAIL ADDRESS			DATE OF BIRTH

**National dues only**

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

**Code**

- R \_\_\_ Renewal @20.00 \$ \_\_\_\_\_
- N \_\_\_ New Member @ 25.00 \_\_\_\_\_
- RAM \_\_\_ Renewal Associate @20.00 \_\_\_\_\_
- NAM \_\_\_ New Associate @ 25.00 \_\_\_\_\_
- RDM \_\_\_ Renewal Dual @ 20.00 \_\_\_\_\_
- NDM \_\_\_ New Dual @ 25.00 \_\_\_\_\_

**Life Member by age:**

- L \_\_\_ 35 and under @ 500 \_\_\_\_\_
- L \_\_\_ 36 to 50 @ 400 \_\_\_\_\_
- L \_\_\_ 51 to 64 @ 300 \_\_\_\_\_
- L \_\_\_ 65 and over @ 200 \_\_\_\_\_

**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

NATIONAL HEADQUARTERS ONLY

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

*Shaded area are for National HQ use only.*

Revised December 2013

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