

MARINE CORPS LEAGUE MEMBERSHIP DUES 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 1ST-JUNE 30TH): New Member Paying Reduced Dues Between the March 1st and the June 30th.

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

NDM*(NEW MARCH 1ST-JUNE 30TH): 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. This letter must be signed by the Department, Division Vice Commandant, and National Commandant.

NOD: Notice of Death entered on a transmittal / complete all boxes including Date of Death. A copy of the Notice of Death form must be attached. 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. \$20.00 per

CARDP: Replacement of the Plastic Membership Card. \$10.00 per

****:** 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.

MARINE CORPS LEAGUE

MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM

FROM:DETACHMENT: _____ DETACHMENT # _____

TO: National Adjutant/ Paymaster, P.O. Box 1990, Stafford VA 22555-1990

PROFILE # _____

VIA: Department Paymaster *PLEASE READ CAREFULLY*

Date: _____

- PLEASE TYPE OR PRINT NEATLY AND LEGIBLY.
- Enclose separate dues payment checks; one (1) payable to National HQ, MCL, Inc. and one (1) payable to your Department
- Include Date of Birth for all NEW applicants (mandatory for PLMs).
- STAPLE ORIGINAL-SIGNED APPLICATION FORMS TO TOP COPY (applications cannot be accepted without attached application forms).
- You may use a supplemental spreadsheet if you have more than six members renewing at one time. Please include all information needed from this form.

Transmittal # _____

(Start new sequence on July 1 each fiscal year)

DETACH # (4) - YEAR- (2) TRANS # (2)- # PGS (2)

LIFE RATES UPDATED

TYPE ALL CAPS SO INFORMATION IS READABLE FOR DATABASE INPUT PERSON

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

NATIONAL DUES ONLY

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 _____

N* ___March 1st-June 30th \$15.00 _____

NAM* ___March 1st-June 30th \$15.00 _____

NDM* ___March 1st-June 30th \$15.00 _____

Life Member by age:

L ___35 and under \$1000 _____

L ___36 to 50 \$800 _____

L ___51 to 64 \$600 _____

L ___65 to 84 \$400 _____

L ___85 and over \$100 _____

\$_____

Department Dues

Check # _____

Total \$ _____

Received at Department

Date:_____

Received at National HQ
(Date/Time Stamp)

T= Transfer

R/I=Reinstate Use R section of dues summary

FILL OUT ALL FIELDS AND SEND TO DEPARTMENT PAYMASTER w/ FEES
DEPARTMENT PAYMASTER FORWARD TO HEADQUARTERS

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

Shaded area are for National HQ use only.

DETACHMENT PAYMASTERS NAME/SIGNATURE

TRANSMITTAL RETURN EMAIL

ADDRESS

CITY ST ZIP + 4

DEPARTMENT PAYMASTERS NAME

EMAIL PHONE NUMBER