

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 and requires a new Application.

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 ID # _____

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), Fiscal Year(2), Trans.#(2), page #(2)

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

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