

MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM MARINE CORPS LEAGUE

FROM: Adjutant/Paymaster of _____
TO: National Adjutant/Paymaster, PO BOX 3070 MERRIFIELD VA 22116
VIA: Department Adjutant/Paymaster

Detachment # _____

Date _____

1. Enclose separate checks or Money Orders for National and Department dues payments.
2. Please include Date of Birth for all 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.
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	DATE OF BIRTH
PLM #	STREET ADDRESS (or PO BOX #)			CITY	ST	ZIP + 4
MEMBER #	CODE(S)	HQ USE ONLY	LAST NAME (JR, etc.)	FIRST	MI	DATE OF BIRTH
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PLM #	STREET ADDRESS (or PO BOX #)			CITY	ST	ZIP + 4

National dues only Check # _____

R ___ Renewal @ 12.00 \$ _____

N ___ New Member @ 17.00 _____

L ___ Life Member _____

T ___ Transfer _____

RAM ___ Associate (renew) @ 12.00 _____

NAM ___ Associate (new) @ 17.00 _____

RDM ___ Dual (renew) @ 12.00 _____

NDM ___ Dual (new) @ 17.00 _____

Total National Dues \$ _____

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 HOUSE ONLY

PINS _____ INV _____

PLEASE READ CAREFULLY

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