

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.

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

VIA: Department Paymaster *PLEASE READ CAREFULLY*

Date: _____

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. **STAPLE ORIGINAL-SIGNED APPLICATION FORMS TO TOP COPY** (applications cannot be accepted without attached application forms).
5. 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)

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
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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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	

NATIONAL DUES ONLY

R ___ Renewal \$20.00	Check # _____
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 \$500	_____
L ___ 36 to 50 \$400	_____
L ___ 51 to 64 \$300	_____
L ___ 65 and over \$200	_____
	\$ _____

Department Dues	DETACHMENT PAYMASTERS NAME/SIGNATURE
Check # _____	TRANSMITTAL RETURN EMAIL
Total \$ _____	ADDRESS
***** Received at Department	CITY ST ZIP + 4
Date: _____	DEPARTMENT PAYMASTERS NAME
Received at National HQ (Date/Time Stamp)	EMAIL PHONE NUMBER
	/

T= Transfer
R/I=Reinstate

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

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Shaded area are for National HQ use only.

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