

TRANSMITTAL FORM

Detachment # _____

Transmittal # _____

CODES:

N (NEW): New Regular 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 - *Request for Transfer* 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. 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. Send a copy to the Detachment Paymaster.

CON: Change of name.

CARDG: Replacement of a Gold Life Member Card.

CARDP: Replacement of the Plastic Membership Card.

****:** 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 / or requested.

TRANSMITTAL FORM

Detachment # _____

Detachment Number: _____

Detachment Name: _____

Department: _____

Division: _____

Detachment Paymaster Name: _____

Det. Paymaster Address Line 1: _____

Det. Address Line 2: _____

Det. Paymaster City: _____

Det. Paymaster State: _____

Det. Paymaster Zip: _____

Det. Paymaster Email: _____

Det. Paymaster Phone: _____

Dept. Paymaster Name: _____

Dept. Paymaster Email: _____

Dept. Paymaster Phone: _____

Transmittal Date: _____

Transmittal #: _____

Detachment Signature: _____ **Department Signature:** _____

Department Date Received: _____

National Date Received: _____

TO: National Adjutant/ Paymaster, 3619 Jefferson Davis Hwy Suite 115 Stafford VA 22554

VIA: Department Paymaster

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. Attach ORIGINAL-SIGNED APPLICATION and/or TRANSFER FORMS (APPLICATIONS or TRANSFER cannot be processed without attached forms). **New Members cannot be processed at National Headquarters without a copy of the application**

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DEPARTMENT DUES: _____

DEPARTMENT CHECK#: _____

NATIONAL DUES ONLY (CODES)	NATIONAL COST PER MEMBER	QUANTITY	TOTAL
N(NEW)	25.00		
NAM(NEW ASSOCIATE)	25.00		
R(Renewal)	20.00		
RAM(Renewal Associate)	20.00		
RDM(Renewal Dual)	20.00		
R/I(Reinstate)	20.00		
NDM(New Dual Member)	25.00		
N*(NEW March 1st-June 30th)	15.00		
NAM* (NEW March 1st-June 30th)	15.00		
NDM* (NEW March 1st-June 30th)	15.00		
L (35 and under)	500.00		
L (36-50)	400.00		
L (51-64)	300.00		
L (65 and over)	200.00		
CARDG	20.00		
CARDP	10.00		
TOTAL:			

NATIONAL CHECK#: _____

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