

MARINE CORPS LEAGUE MEMBERSHIP DUES TRANSMITTAL CODES

L: Life Member

N: New Member Paying Full Dues Between the July 1st and the last day of February

NAM: New Associate Member Paying Full Dues Between the July 1st and the last day of February
R: Renewal of a Regular member

RAM: Renewal of an Associate Member

NDM: New Dual Member Paying Full Dues Between the July 1st and the last day of February

N*: New Member Paying Reduced Dues Between the March 1st and the June 30th.

NAM*: New Associate Member Paying Reduced Dues Between the March 1st and June 30th.

NDM*: New Dual Member Paying Reduced Dues Between the March 1st and June 30th.

R/I: Reinstatement of a member. Must have been expired by at least one year.

CON: Change of name.

T: Transfer proper form filled out and signed must accompany the transmittal.

DEL: Delete This can only be done with members who are passed the two year drop point or with accompanying letter stating to terminate membership signed by the member.

**For Members who are joining between March 1st and June 30th of each year.*

NEW

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.

COAO: Change of address fill in address before change. **MEMBERSHIP PROFILE CHANGE INFORMATION ENTERED INTO MCL DATABASE PORTAL AT DETACHMENT ADJUTANT / ADJUTANT/ PAYMASTER LEVEL NOW.**

COAN: Change of address fill in new address.

Ex. Address, City, State, Zip, Phone, email

NEW

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.

MARINE CORPS LEAGUE

MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM

FROM:DETACHMENT: _____ **DETACHMENT #** _____

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

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
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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

- Check # _____ \$ _____
- 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 @ 500 _____
- L ___ 36 to 50 @ 400 _____
- L ___ 51 to 64 @ 300 _____
- L ___ 65 and over @ 200 _____

\$ _____

Department Dues

Check # _____
Total \$ _____

Received at Department
Date: _____

Received at National HQ
(Date/Time Stamp)

DETACHMENT PAYMASTER NAME/SIGANTURE

TRANSMITTAL RETURN EMAIL

ADDRESS

CITY ST ZIP+4

DEPARTMENT PAYMASTER NAME

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.