

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_

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 1<sup>ST</sup>-JUNE 30<sup>TH</sup>):** New Member Paying Reduced Dues Between the March 1st and the June 30th.

**NAM\*(NEW MARCH 1<sup>ST</sup>-JUNE 30<sup>TH</sup>):** New Associate Member Paying Reduced Dues Between the March 1st and June 30th.

**NDM\*(NEW MARCH 1<sup>ST</sup>-JUNE 30<sup>TH</sup>):** 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. This letter must be signed by the Department, Division Vice Commandant, and National Commandant.

**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 included. 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.

**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.

# 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, P.O. Box 1990, Stafford VA 22555-1990

VIA: **Department Adjutant/Paymaster, 1616 E Griffin Pkwy PMB #233 Mission, TX 78572-318**

## PLEASE READ CAREFULLY

1. PLEASE TYPE OR PRINT NEATLY AND LEGIBLY.
2. **PAY ONLINE (button below)** or Enclose **ONE CHECK** payable to **Department of Texas Marine Corps League**
  - a. (If submitting two checks to separate National/Dept. make **BOTH CHECKS PAYABLE TO DEPARTMENT**)
3. Include Date of Birth for all NEW applicants (mandatory for Life Members).
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**

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_  
Transmittal # \_\_\_\_\_

DEPARTMENT DUES: \_\_\_\_\_

DEPARTMENT CHECK#: \_\_\_\_\_

NATIONAL DUES ONLY (CODES)	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)	1000.00		
L (36-50)	800.00		
L (51-64)	600.00		
L (65-84)	400.00		
L (85 and over)	100.00		
CARDG	20.00		
CARDP	10.00		
TOTAL:			

NATIONAL CHECK#: \_\_\_\_\_

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal# \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES							

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES							

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES							

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		

HQ NOTES								
----------	--	--	--	--	--	--	--	--

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		

HQ NOTES								
----------	--	--	--	--	--	--	--	--

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		

HQ NOTES								
----------	--	--	--	--	--	--	--	--

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		

HQ NOTES							
----------	--	--	--	--	--	--	--

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		

HQ NOTES							
----------	--	--	--	--	--	--	--

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		

HQ NOTES							
----------	--	--	--	--	--	--	--



# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	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 OF BIRTH/DEATH	

HQ NOTES						
----------	--	--	--	--	--	--

MEMBER#	CODES	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 OF BIRTH/DEATH	

HQ NOTES						
----------	--	--	--	--	--	--

MEMBER#	CODES	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 OF BIRTH/DEATH	

HQ NOTES						
----------	--	--	--	--	--	--

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES							

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES							

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES							

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		

HQ NOTES								
----------	--	--	--	--	--	--	--	--

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		

HQ NOTES								
----------	--	--	--	--	--	--	--	--

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		

HQ NOTES								
----------	--	--	--	--	--	--	--	--

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	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 OF BIRTH/DEATH	

HQ NOTES						
----------	--	--	--	--	--	--

MEMBER#	CODES	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 OF BIRTH/DEATH	

HQ NOTES						
----------	--	--	--	--	--	--

MEMBER#	CODES	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 OF BIRTH/DEATH	

HQ NOTES						
----------	--	--	--	--	--	--

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES							

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES							

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES							

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	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 OF BIRTH/DEATH	
HQ NOTES						

MEMBER#	CODES	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 OF BIRTH/DEATH	
HQ NOTES						

MEMBER#	CODES	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 OF BIRTH/DEATH	
HQ NOTES						

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES							

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES							

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING	
PLM#	**	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES							

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	*	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								



# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	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 OF BIRTH/DEATH	

HQ NOTES						
----------	--	--	--	--	--	--

MEMBER#	CODES	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 OF BIRTH/DEATH	

HQ NOTES						
----------	--	--	--	--	--	--

MEMBER#	CODES	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 OF BIRTH/DEATH	

HQ NOTES						
----------	--	--	--	--	--	--

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	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 OF BIRTH/DEATH	

HQ NOTES						
----------	--	--	--	--	--	--

MEMBER#	CODES	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 OF BIRTH/DEATH	

HQ NOTES						
----------	--	--	--	--	--	--

MEMBER#	CODES	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 OF BIRTH/DEATH	

HQ NOTES						
----------	--	--	--	--	--	--

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

# TRANSMITTAL FORM

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING		
PLM#	**	STREET ADDRESS (OR PO BOX #)			CITY	ST	ZIP +4	PRIOR EXPIRATION
PROFILE ID#	E-MAIL ADDRESS			TELEPHONE NUMBER		DATE OF BIRTH/DEATH		
HQ NOTES								