

# 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 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.

**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 Adjutant/Paymaster, 424 Clay Ave Unit 1697 Waco, TX 76703-2569**

Date: \_\_\_\_\_

*PLEASE READ CAREFULLY*

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

(Start new sequence on July 1 each fiscal year)

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**  
(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 PLMs).
4. Attach **ORIGINAL-SIGNED APPLICATION FORMS TO TOP COPY** (applications cannot be accepted without attached application forms).
5. If you have more than six members renewing at one time. Please use the **LONG FORM** transmittal.

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	Voting
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	Voting
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	Voting
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	Voting
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	Voting

**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	_____
<b>Life Member by age:</b>	
L ___ 35 and under \$500	_____
L ___ 36 to 50 \$400	_____
L ___ 51 to 64 \$300	_____
L ___ 65 and over \$200	_____
	<b>\$ _____</b>

**Department Dues**

Check # \_\_\_\_\_  
 Total \$ \_\_\_\_\_  
 \*\*\*\*\*  
 Received at Department  
 Date: \_\_\_\_\_

Received at National HQ  
 (Date/Time Stamp)

DETACHMENT PAYMASTERS NAME/SIGNATURE

TRANSMITTAL RETURN EMAIL

ADDRESS

CITY ST ZIP + 4

DEPARTMENT PAYMASTERS 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.