

MARINE CORPS LEAGUE

MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM



FROM: Adjutant/Paymaster of OUTER BANKS
TO: National Adjutant/Paymaster, 3619 Jefferson Davis Highway, Suite 115, Stafford, VA 22554
VIA: Department Adjutant/Paymaster

Detachment # 1264

Date _____

Transmittal # _____

1. Enclose Separate checks or Money Orders for National and Department dues payments.
2. Please include Date of Birth for all applicants (mandatory for PLMs).
3. Utilize two entries (old and new) to change a member's address or to correct or change a member's name.
4. PLEASE TYPE OR PRINT LEGIBLY.
5. Shaded areas are for National HQ use only.

(Start new sequence on July 1 each fiscal year)

MEMBER #	CODE aaa	HQ USE ONLY	LAST NAME (Jr. etc.)	FIRST	MI	DATE OF BIRTH
PLM #	STREET ADDRESS (or PO BOX #)			CITY	STATE	ZIP + 4
MEMBER #	CODE	HQ USE ONLY	LAST NAME (Jr. etc.)	FIRST	MI	DATE OF BIRTH
PLM #	STREET ADDRESS (or PO BOX #)			CITY	STATE	ZIP + 4
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PLM #	STREET ADDRESS (or PO BOX #)			CITY	STATE	ZIP + 4

National dues only	Check # _____	
R _____	Renewal at \$20.00	\$ _____
N _____	New Member at \$25.00	_____
RAM _____	Renewal Associate at \$20.00	_____
NAM _____	New Associate at \$25.00	_____
RDM _____	Renewal Dual at \$20.00	_____
NDM _____	New Dual at \$25.00	_____
T _____	Transfer	_____
H _____	Honorary	_____
COAO _____	Change of Address (Old)	_____
COAN _____	Change of Address (New)	_____
L _____	Life Membership 35 or less at \$500	_____
L _____	Life Membership 36 to 50 at \$400	_____
L _____	Life Membership 51 to 64 at \$300	_____
L _____	Life Membership 65 or more at \$200	_____
Total National Dues		\$ _____

Department Dues Check # _____ Total \$ _____ <hr/> Received at Department Date: _____
Received at National HQ (Date/Time Stamp)

SIGNED ADJUTANT/PAYMASTER PRINTED NAME JORGE L. DIAZ
ADDRESS POST OFFICE BOX 2332 KITTY HAWK, NC 27949-2332
CITY ST ZIP + 4
NATIONAL HOUSE ONLY
PINS _____ INV _____

Retain one copy for files and forward four copies to the Department.