



MARINE CORPS LEAGUE OUTER BANKS DETACHMENT 1264 REQUEST FOR TRANSFER

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Member Number: _____ Life Member Number: _____

Phone Number: _____ E-Mail: _____

Date of Birth: _____

Service Number (may be your Social Security Number): _____

Date of Enlistment / Commissioning: _____

Date of Discharge / Separation / Retirement: _____

I request that my membership as a Regular Member Associate Member Dual Member-at-Large .

in the _____ Detachment, Number _____ be transferred to

the _____ Detachment, Number _____ in the Department of

_____ as a Regular Member Associate Member Dual Member-at-Large .

If requesting status as a Dual Member and hereby request that my voting rights for the Department and National Conventions

be transferred to _____ Detachment, Number _____ in the Department of

_____.

Member's Signature

Date

TO BE COMPLETED BY LOSING DETACHMENT (Upon endorsement, retain one copy for Detachment records. Forward the original and two copies to the gaining Detachment Commandant, for action. Forward one copy to the Department Paymaster for informational purposes.)

The above member dues status is In Good Standing Delinquent with a membership expiration date as follows:

_____. The member Is Is Not indebted to this detachment (if so, please explain on the

reverse side of this request). The transfer of this member is Approved Disapproved .

Detachment Commandant's Signature

Date

TO BE COMPLETED BY GAINING DETACHMENT (Upon final disposition, retain one copy for Detachment records. Forward the original and the remaining copy to the Department Paymaster. If approved, ensure that a completed Dues Transmittal Form listing the transferring member is forwarded to the Department Paymaster with this form.)

I have reviewed the foregoing information and Approve Disapprove the transfer of this member.

Detachment Commandant's Signature

Date