

# Department of North Carolina

## Marine Corps League

### Detachment Quarterly Report

*Fill this form out on the computer or print it out and manually fill it out*

#### **REPORTING PERIOD FOR YEAR OF:**

**(Select the reporting period below)**

**Spring quarter**

1 December to 28/29 February

**Fall quarter**

1 June to 31 August

**Convention/Summer quarter**

1 March to 31 May

**Winter quarter**

1 September to 30 November

#### **Detachment Information**

Please fill in completely. If not applicable, please state n/a.

On the Computer use the TAB key to advance through the form to make it easier.

Detachment name and number:

Primary City, County Detachment located in:

Official mailing address for Detachment:

Official Detachment 10-digit phone number (if applicable):

Official Detachment Website:

Official Detachment E-mail address:

#### **Detachment annual tax filing (Only If applicable for the reporting cycle) mm/dd/yyyy**

When did you last file your Detachment's 990-N?

When did you send a copy of the 990 to the Department Paymaster?

#### **Detachment Report of Officer Installations (ROI's)**

Have there been any Elected or Appointed Officer changes, or change in meeting date or location, to your Detachment since your last Quarterly report?

Yes No

Has your last change been submitted on the ROI to the Department Paymaster?

Yes No

#### **Participating Life Membership (PLM) Audit**

Has your Participating LIFE Membership (PLM) Audit been completed and sent to the Department Paymaster?

Yes No

## Detachment membership status

Please fill in the following cells:

<b>My Detachment has:</b>	<b>From Last Quarterly National Report (*)</b>	<b>As of the end of this Report Date (*)</b>
<b>A. Total Life Members</b>		
<b>B. Total Honorary Active Duty Members</b>		
<b>C. Total Paid Up Regular &amp; Associate Members</b>		
<b>D. Total Paid Up Members {A+B+C}</b>		
<b>E. Total Unpaid Regular &amp; Associate Members</b>		
<b>F. Total Detachment Membership {D+E}</b>		
<b>G. % Paying Members Not in Good Standing {E/(C+E)}</b>	%	%

\* Your Detachment's current statistics

### VAVS (Detachment's Veteran Related Service) Hours

TOTAL service hours your Detachment accumulated for this reporting quarter:

### Eagle Scout Awards Presented

TOTAL Eagle Scout Awards your Detachment presented for this reporting quarter:

### Primary Contact Information

(Preferably Commandant and Adjutant, specify if other. At least one eMail address necessary for official correspondence)

Commandant's name:

Commandant's phone number:

H)

C)

Commandant's e-mail address:

Commandant's home mailing address:

name \*\*:

phone number

H)

C)

eMail address

home mailing address:

\*\* Change title if necessary

