

# Marine Corps League

## REPORT OF OFFICER INSTALLATION



<b>DETACHMENT</b>		<b>DETACHMENT NUMBER</b>	<b>DEPARTMENT</b>		
<b>FROM:</b>	Outer Banks	1264	North Carolina		
<b>TO:</b>	National Adjutant/Paymaster	<b>DEPARTMENT EIN:</b> 23-7118556 <b>DEPARTMENT INCORPORATION ID:</b> 0268705 <b>DEPARTMENT INCORPORATION DATE:</b> 9 May 1990 <b>FOR DEPARTMENT INSTALL ONLY:</b> _____			
<b>VIA:</b>	Department of North Carolina Adjutant				
<b>DETACHMENT EIN:</b>	20-5956994				
<b>DETACHMENT INCORPORATION ID:</b>	0922234				
<b>DETACHMENT INCORPORATION DATE:</b>		14 June 2007			
<b>DATE OF ELECTIONS</b>		<b>DATE &amp; PLACE OF INSTALLATION</b>		<b>INSTALLING OFFICER &amp; TITLE</b>	<b>SIGNATURE OF INSTALLING OFFICER</b>
		The Kern P. Pitts Center 5375 North Virginia Dare Trail Southern Shores, NC 27949-5935			
<b>DETACHMENT MEETS:</b>					
<b>DAY/DATE OF MEETING</b>	<b>TIME</b>	<b>PLACE</b>	<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>
Second Tuesday of the Month	19:00	The Kern P. Pitts Center	5375 North Virginia Dare Trail	Southern Shores	North Carolina
<b>E-MAIL OFFICIAL CORRESPONDENCE TO:</b>					
<b>FAX OFFICIAL CORRESPONDENCE TO:</b>			<b>MARK FOR THE ATTENTION OF:</b>		

\*NOTE: The ADDRESS information called for in the following section does not necessarily refer to the Officer's personal mailing address, but rather the address at which the Officer will receive official correspondence from the National and Department Headquarters. If the Department/Detachment has a single address, i.e. PO BOX, to which all official correspondence should be sent, list that address for all Officers.

The officer MUST be installed to be listed on this form.

OFFICE	INCUMBENT	PHONE NUMBER E-MAIL ADDRESS	ADDRESS* See note, above.	CITY, STATE ZIP+4
COMMANDANT				
SENIOR VICE COMMANDANT				
JUNIOR VICE COMMANDANT				
JUDGE ADVOCATE				
JUNIOR PAST COMMANDANT				
ADJUTANT/PAYMASTER				
ADJUTANT				
PAYMASTER				
CHAPLAIN				
SERGEANT-AT-ARMS				
QUARTERMASTER				

Total *renewal dues* are \_\_\_\_\_ . This amount is the total of Detachment, Department and National dues and will appear on Direct Billing Notices.

<b>SUBMITTED BY</b>	<b>TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>

**PLEASE READ CAREFULLY**

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

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