

TRANSMITTAL FORM

NAME OF UNIT: _____

DUES FOR THE YEAR ENDING AUGUST 31, _____

DATE: _____

UNIT TREASURER SEND 4 COPIES TO DEPARTMENT TREASURER. MEMBERS IN UNCHARTERED STATES AND DEPARTMENT TREASURER SEND 4 COPIES TO NATIONAL HEADQUARTERS. USE TWO LINES TO CHANGE ADDRESS (OLD & NEW). RECEIPTED COPY WILL BE RETURNED. TRANSMITTALS FOR NATIONAL DUES MUST GO THROUGH THE DEPARTMENT TREASURER, IF ONE EXISTS. UNIT TREASURERS MAKE CHECKS PAYABLE TO DEPARTMENT TREASURER, MCLA. DEPARTMENT TREASURERS & UNCHARTERED STATES MAKE CHECKS PAYABLE TO NATIONAL HEADQUARTERS, MCLA, INC.

PLEASE LIST MEMBERS ALPHABETICALLY. PLEASE TYPE OR PRINT NEATLY & LEGIBLY

CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
LIFE #	STREET ADDRESS (or PO BOX#)		CITY	STATE ZIP+4
CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
LIFE #	STREET ADDRESS (or PO BOX#)		CITY	STATE ZIP+4
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CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
LIFE #	STREET ADDRESS (or PO BOX#)		CITY	STATE ZIP+4

CODE	DUES		TOTAL MEMBERSHIP PAID TO DATE
N	NEW (Regular)	@ \$ _____ = \$ _____	<u>THIS TRANSMITTAL TOTAL TO DATE</u>
R	RENEW (Regular)	@ \$ _____ = \$ _____	REGULAR MEMBERS _____
RI or RIAM	REINSTATE (Reg/Assoc)	@ \$ _____ = \$ _____	REGULAR LIFE MEMBERS _____
T or TAM	TRANSFER (Reg/Assoc)	@ \$ <u>0</u> = \$ <u>0</u>	
NLM	NEW (Regular Life)	@ \$ _____ = \$ _____	ASSOCIATE MEMBERS _____
LM	RENEW (Regular Life)	@ \$ <u>0</u> = \$ <u>0</u>	ASSOCIATE LIFE MEMBERS _____
TLM or TALM	TRANSFER (Reg/Assoc Life)	@ \$ <u>0</u> = \$ <u>0</u>	
SIGNATURES			
NAM	NEW (Associate)	@ \$ _____ = \$ _____	UNIT TREASURER _____
RAM	RENEW (Associate)	@ \$ _____ = \$ _____	ADDRESS _____
NALM	NEW (Associate Life)	@ \$ _____ = \$ _____	CITY, ST, ZIP _____
ALM	RENEW (Associate Life)	@ \$ <u>0</u> = \$ <u>0</u>	DEPT. REC'D DATE _____
	BOND	@ \$ _____ = \$ _____	DEPT. TREASURER _____
	INITIATION FEES	@ \$ _____ = \$ _____	NATL REC'D DATE _____
	DEPARTMENT DUES	@ \$ _____ = \$ _____	NATL HEADQUARTERS _____
TOTAL		\$ _____	