

MARINE CORPS LEAGUE AUXILIARY, INC.

DEPARTMENT OF: _____

TRANSMITTAL FORM

NAME OF UNIT: _____

DUES FOR THE YEAR ENDING AUGUST 31, _____

EIN # _____ INC. # _____

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

Revised 08/11

White - National Green - Unit Received Yellow - Dept Received Pink - Div VP Received Gold - Unit