



Marine Corps League Auxiliary, Inc.

INSTRUCTIONS FOR TRANSMITTALS

Your fellow members placed much faith and trust in you when you were appointed and/or elected Treasurer. The handling of the financial affairs of your Department/Unit should be carried out with the highest degree of concern and efficiency. Familiarize yourself completely with the following:

By-Laws and Administrative Procedures

RE: Bylaws Section 610 - Membership Dues and Fees (A) through (D)

RE: Administrative Procedures Chapter Five - Section 520 - Department Dues

RE: Administrative Procedures Chapter Six - Section 615 - Units

See Enclosure #19 - Instructions are on the Transmittal Form.

See Enclosure 38 for dual members only. Must be included with application

Inform your members in regard to membership dues and fees. Prepare your transmittals promptly and correctly so that in a minimum amount of time your transmittals will be processed and returned to you with membership cards.

UNIT TREASURER:

1. *Dues expire annually on the 31st day of August of each year.* A member is delinquent when dues are not paid and transmitted within ninety (90) days after the membership expiration date. (Bylaws Section 620)
2. Before making transmittal, check to see that the previous year's per capita dues have been paid on all members being submitted. If not, the member must pay the arrears dues, plus the current dues or make application as a new member and pay the initiation fee of \$5.00. Do not send dues to Department Treasurer until this is done correctly, as this will save your Department Treasurer from having to write you for either delinquent dues or application as a new member.
3. The first transmittal should be all life members: First regular life, then associate life & bond fee.
4. Unit transmittals are to be a complete set of completed copies. Four copies are to be sent to the Department Treasurer. Where no Department exists, then all copies are sent to the National Secretary.
5. Transmittals are to be either typewritten or printed. Be sure all copies are legible. Put your name and address on each page. If possible, use address labels. Please use current form with email address & phone number
6. Be sure to list name of Department, Unit and date you write out the transmittal. The date is very important. Be sure to fill this out correctly.
7. Names are to be *listed alphabetically, listing last name of member first.* Be sure that all names are listed the same as written on application for membership and are listed exactly the same for each subsequent year and that the correct address including the nine-digit zip code. Zip codes can be obtained at (<https://m.usps.com/m/ziplookupAction>).
8. State using the code on the form, whether each member is New, Renewal, Reinstated, New Life Member, Renewal Life Member, a Transfer Regular or Life Member, a New Associate Member, a Renewal Associate Member, a new Associate Life Member, a Renewal Associate Life Member, or a Transfer Associate Member.
9. If a member is new, be sure that two (2) copies of application are forwarded with the transmittal to the Department Treasurer. The Unit should keep the original. An initiation fee of \$5.00 shall be collected from each new member in addition to the National and Department per capita dues and forwarded with the transmittal. If Member is a New Dual include Enclosure # 38 with application.
10. If a member is reinstating, enclose past years' due. Fill out a separate transmittal for each year they are paying back dues.

11. If a member's address has been changed, use new address for listing and complete Change of Address/Change of Name Form Enclosure #39.
12. Fill in all data at bottom of transmittal, giving number of members being reported paying National dues and number of members paying Department dues.
13. **List total membership correctly.** List membership total as the number reported on your last transmittal plus the number reported on current transmittal. Remember that each year's membership starts at zero members. List the number being reported on the present transmittal in addition to those previously reported for the current year. Only current year's membership counts in total membership. (Do not include previous year's dues paid in membership count. It is EXTREMELY important that you keep your Regular, Life (a separate count for Regular Life Members and Associate Life Members) and Associate Member totals separately. Regular and Regular Life Members will be needed for Unit voting strength. Life Members will be needed for calculations for National Officer Allowances. Associate Members need to be kept separately because they are not permitted to vote or to be counted in a Unit's voting strength.
14. Legibly sign right side where marked "Unit Treasurer" and then print your complete address including nine (9) digit zip code. Be sure to *write your phone number and email address clearly* in case the Department Treasurer needs to contact you for additional information. If transmittal is more than one page long, be sure to do this on each page. If the pages get separated, this will help avoid confusion. If you have extra address labels, put one on each page to help expedite. Unfortunately, not all handwriting and printing are legible.

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DEPARTMENT TREASURER:

1. Thoroughly check transmittals received from Unit. Any omissions or errors are to be corrected before transmitting to National Headquarters.
2. Department Cover Sheet enclosure 24.
3. Send two (2) Cover Sheets, properly filled out by the Department Treasurer with the transmittals. One (1) copy will be receipted by the National Secretary and returned with a copy of each transmittal to the Department Treasurer for the Department files.
4. Forward four (4) receipted and signed copies of Unit transmittals to:
**MCLA National Headquarters,
 3619 Jefferson Davis Hwy, Suite 115
 Stafford, VA 22554-7771**
5. Only one (1) application for membership is to be forwarded to National Headquarters for each new member listed on the transmittal.
 - A. If applicant is a new Dual member be sure enclosure # 38 is attached.

MARINE CORPS LEAGUE AUXILIARY, INC

DEPARTMENT OF: _____

TRANSMITTAL FORM

NAME OF UNIT: _____

EIN # _____ INC. # _____

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. 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 COMPLETE EACH PAGE.

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	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	THIS TRANSMITTAL	TOTAL TO DATE
N	___ NEW (Regular) @ \$ 15.00 = \$ _____			
R	___ RENEW (Regular) @ \$ _____ = \$ _____	REGULAR MEMBERS	_____	_____
RI or RIAM	___ REINSTATE (Reg/Assoc) @ \$ _____ = \$ _____	REGULAR LIFE MEMBERS	_____	_____
T or TAM	___ TRANSFER (Reg/Assoc) @ \$ 0 = \$ 0	ASSOCIATE MEMBERS	_____	_____
NLM	___ NEW (Regular Life) @ \$ _____ = \$ _____	ASSOCIATE LIFE MEMBERS	_____	_____
LM	___ RENEW (Regular Life) @ \$ 0 = \$ 0			

CODE	DUES	SIGNATURES
TLM or TALM	___ TRANSFER (Reg/Assoc Life) @ \$ 0 = \$ 0	
NAM	___ NEW (Associate) @ \$ _____ = \$ _____	UNIT TREASURER _____
RAM	___ RENEW (Associate) @ \$ _____ = \$ _____	ADDRESS _____
NALM	___ NEW (Associate Life) @ \$ _____ = \$ _____	CITY, ST, ZIP _____
ALM	___ RENEW (Associate Life) @ \$ 0 = \$ _____	PHONE # _____
	___ BOND @ \$ 3.50 = \$ _____	EMAIL ADDRESS _____
	___ INITIATION FEES @ \$ 5.00 = \$ _____	DEPT. REC'D DATE _____
	___ DEPARTMENT DUES @ \$ _____ = \$ _____	DEPT. TREASURER _____
	TOTAL \$ _____	NATL REC'D DATE _____
		NATL HEADQUARTERS _____

CHECK ONE:

National	Unit Received	Dept. Received	Div. VP Received	Unit
REV: 8/17		ENCLOSURE 19		24

[Date]