

**Department Cover Sheet**

Department of \_\_\_\_\_ EIN # (990) \_\_\_\_\_ DATE FILED \_\_\_\_\_

INC# \_\_\_\_\_ DATE FILED \_\_\_\_\_ Treasurer \_\_\_\_\_

Phone # \_\_\_\_\_ Address \_\_\_\_\_ City, State \_\_\_\_\_

ZIPCODE \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

REG/LIFE LAST REPORT \_\_\_\_/\_\_\_\_ REPORTING \_\_\_\_/\_\_\_\_ TOTAL \_\_\_\_ R \_\_\_\_ LM

ASSOCIATE/ALM LAST REPORT \_\_\_\_/\_\_\_\_ REPORTING \_\_\_\_/\_\_\_\_ TOTAL \_\_\_\_ A \_\_\_\_ ALM

UNIT NAME	REGULAR		ASSOCIATE		LIFE MEMBER		NEW LIFE MEMBERS		BOND	MISC	RE-IN STATED
	New	Renew	New	Renew	LM	ALM	NLM	NALM			

Total: LM \_\_\_\_ ALM \_\_\_\_ TRANSFER: T(REG) \_\_\_\_ T(AM) \_\_\_\_ T(LM) \_\_\_\_ T(ALM) \_\_\_\_

**RENEWED**

REG \_\_\_\_\_ @ \$15.00 = \$ \_\_\_\_\_

ASSOCIATE \_\_\_\_\_ @ \$15.00 = \$ \_\_\_\_\_

REINSTATED \_\_\_\_\_ @ \$15.00 = \$ \_\_\_\_\_

(MUST PAY REG DUES + DUES FOR EACH YEAR DELINQUENT) = \$ \_\_\_\_\_

**NEW #** \_\_\_\_\_ **REG #** \_\_\_\_\_ **AM #** \_\_\_\_\_

INITIATION FEE: \_\_\_\_\_ @ \$5.00 = \$ \_\_\_\_\_

NEW MEMBER DUES \_\_\_\_\_ @ \$15.00 = \$ \_\_\_\_\_

**NEW LIFE: REG, ASSOCIATE**

NLM \_\_\_\_\_ @ \$ \_\_\_\_\_ (FEE DETERMINED BY D.O.B.) = \$ \_\_\_\_\_

NALM \_\_\_\_\_ @ \$ \_\_\_\_\_ (FEE DETERMINED BY D.O.B.) = \$ \_\_\_\_\_

BOND \_\_\_\_\_ @ \$3.50 = \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_ = \$ \_\_\_\_\_

BALANCE DUE: \$ \_\_\_\_\_ (MONEY OWED TO NATIONAL) = \$ \_\_\_\_\_

ADD OR DEDUCT MONEY OWED PREVIOUSLY = \$ \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

DATE RECEIVED HQ: \_\_\_\_\_ DATE RECORDED \_\_\_\_\_ RETURNED TO DEPT \_\_\_\_\_

**SEND 2 COPIES and PAYMENT TO:**

**NATIONAL HEADQUARTERS, MCLA, INC**

3619 Jefferson Davis Hwy Suite 115 Stafford, VA 22554-7771

REV. 8/17

Enclosure # 24