

Marine Corps League Auxiliary, Inc

Transmittal Form

Name of Unit _____

Department _____

**UNIT TREASURER: Please complete this form
with the cover sheet.**

INC # _____ EIN# _____

Dues for Year Ending August 31, _____

PLEASE LIST MEMBERS ALPHABETICALLY, PLEASE TYPE OR PRINT LEGIBLY

1. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
2. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
3. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
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5. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
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6. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
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8. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
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9. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
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10. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
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National _____ Unit Received _____ Dept. Received _____ Div. VP Received _____ Unit _____