

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 _____ @ \$20.00 = \$ _____

ASSOCIATE _____ @ \$20.00 = \$ _____

REINSTATED _____ @ \$20.00 = \$ _____

(MUST PAY REG DUES + DUES FOR EACH YEAR DELINQUENT)

NEW # _____ **REG #** _____ **AM #** _____

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

NEW MEMBER DUES _____ @ \$20.00 = \$ _____

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 1 COPY and PAYMENT TO:

NATIONAL HEADQUARTERS, MCLA, INC

P.O. BOX 3038 Stafford, VA 22555-3038