

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 2 COPIES and PAYMENT TO:

NATIONAL HEADQUARTERS, MCLA, INC

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