Marine Corps League Auxiliary, INC
Unit Cover Sheet and Transmittal Instructions

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 on the Transmittal Form.
See Enclosure 38 for dual members only. Must be included with application.
Enclosure 19 includes a cover sheet for units that must be included with the transmittal

Inform your members regarding 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 the Unit Cover Sheet & 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 Cover Sheet and* transmittal should be all life members: *First regular life, then associate life & bond fee.* ***Unit Cover sheet provides all codes & fees.***

4. *Unit Cover Sheet being page 1 of__* and Transmittal 2 of ___, are to be a complete set**. Four copies are to be sent to the Department Treasurer. Where no Department exists, then all copies are sent to the National Secretary.**

5. Unit Cover Sheet & Transmittal are to be type written or printed. Be sure all copies are legible. ***Put your name, signature, address, phone number & email on the Cover Sheet. Attach all numbered transmittals to this cover sheet.***

6. Be sure to list name of Department, Unit and date, when you complete the Cover Sheet & Transmittal. The date is very important. Be sure to fill 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). For non-computer use this can be found at the kiosk at the post office.

8. State **(using the codes found on Unit Cover Sheet)** whether each member is Regular N or R (New or Renew), Associate NAM or AM (New or Renew), Life Member LM or ALM (Regular or Associate), New Life Member NLM or NALM (Regular or Associate}, Reinstated RI , or Transfer Member (add T in front of code).

9. **If a member is new**, be sure that two (2) copies of application are forwarded with the Unit Cover sheet and 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 Unit Cover Sheet and the Transmittal.

10. If a member is reinstating, enclose past years' dues. 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 the report on the Cover Sheet, giving the number of members reported in the last report, todays numbers and include total.*

13. **List total membership correctly. List membership total as the number reported on your last *Unit Cover Sheet* plus the number reported on current *Unit Cover Sheet.*** Remember that each year's membership starts at zero members. **Only current year's membership counts in total membership. *Unit Cover sheet records total membership to date.* (**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** 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 on the Unit Cover Sheet in case the Department Treasurer needs to contact you for additional information. ***Note the treasurer information is only on the cover sheet.*** ***Number each the transmittal and attach it to the Unit Cover Sheet,*** **if the pages get separated, this will help avoid confusion.**

DEPARTMENT TREASURER:

Thoroughly check *unit cover sheet* and transmittals received from Unit. Any omissions or errors are to be corrected before transmitting to National Headquarters.

1. Department Cover Sheet enclosure 24.

2. 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.

3. Forward four (4) receipted and signed copies of Unit cover sheet and transmittals to MCLA National Headquarters,
   P O Box 3038
   Stafford, VA 22555-3038

4. Only one (1) application for membership is to be forwarded to National Headquarters for each new member listed on the transmittal. If applicant is a new Dual member be sure enclosure # 38 is attached.

Marine Corps League Auxiliary, Inc
UNIT COVER SHEET

DATE _____

UNIT _____ **DEPT** _____

EIN #/DATE FILED _____ **INC #** _____

UNIT TREASURER _____ Signature _____

ADDRESS _____ PHONE# _____

CITY/STATE/ZIP _____ EMAIL _____

REGULAR		ASSOCIATE		LIFE MEMBER		NEW LIFE		BOND	MISC	REINSTATE
NEW	RENEW	NEW	RENEW	LM	ALM	NLM	NALM			

RENEWED

REG _____ @ $15 =$_____
ASSOCIATE _____ @$15 =$_____
REINSTATED _____ @$15 =$_____
(MUST PAY REG DUES +DUES FOR EACH YEAR DELINQUENT)

REPORT OF MEMBERS

	LAST	TODAY	TOTAL
REG	____	_____	_____
ASSOC	____	_____	_____
LIFE	____	_____	_____
ALM	____	_____	_____

NEW

REG ____ AM _____
INITIATION FEE: _____ @$5 =$_____
NEW MEMBER DUES: _____ @$15 =$_____

NEW LIFE (FEE BY DOB)

NLM _____ @$ _____ =$_____
NALM _____ @$ _____ =$_____

TRANSFERS

REG ____ AM ____ LM/ALM _____

BOND _____ @$3.50 =$_____
DEPT DUES _____ @ _____ =$_____
MISC _____ =$_____
SUB TOTAL =$_____
ADD OR DEDUCT MONEY OWED PREVIOUSLY =$_____

BALANCE DUE =$ _____
CHECK NUMBER _____

UNIT TREASURER: SEND 4 COPIES OF COVER SHEET AND TRANSMITTALS TO DEPT TREASURER. MEMBERS IN *UNCHARTERED STATES*: SEND 3 COPIES TO NAT'L HQ. RECEIPTED COPY WILL BE RETURNED. TRANSMITTALS FOR NAT'L DUES MUST GO THROUGH THE DEPT TREASURER, IF ONE EXISTS. UNIT TREASURERS: MAKE CHECKS PAYABLE TO DEPT TREASURER, MCLA. *UNCHARTERED STATES:* MAKE CHECKS PAYABLE TO NATIONAL

DATE REC'D AT DEPT _____
DEPT TREAS. _____ **NATIONAL HQ** _____

DATE REC'D HQ _____ DATE RECORDED HQ _____ RETURNED TO DEPT _____

National____ Unit Receipted____ Dept. Receipted____ Div. VP Receipted_____ Unit _____

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)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
4. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
5. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
6. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
7. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
8. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
9. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4
10. CODE	LAST NAME	FIRST NAME	MI	Date of Birth (if NLM)
LIFE #	STREET ADDRESS (OR P.O. BOX#)	CITY	STATE	ZIP +4

National____ Unit Receipted____ Dept. Receipted____ Div. VP Receipted_____ Unit _____