MARINE CORPS LEAGUE AUXILIARY **Page_____of ____**

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

P O Box 3038 Stafford, VA 22555-3038

REV. 8/17 **Enclosure # 24**