

TRANSMITTAL FORM

NAME OF UNIT: \_\_\_\_\_

DUES FOR THE YEAR ENDING AUGUST 31, \_\_\_\_\_ DATE: \_\_\_\_\_

UNIT TREASURER SEND 4 COPIES TO DEPARTMENT TREASURER. MEMBERS IN UNCHARTERED STATES AND DEPARTMENT TREASURER SEND 4 COPIES TO NATIONAL HEADQUARTERS. USE TWO LINES TO CHANGE ADDRESS (OLD & NEW). RECEIPTED COPY WILL BE RETURNED. TRANSMITTALS FOR NATIONAL DUES MUST GO THROUGH THE DEPARTMENT TREASURER, IF ONE EXISTS. UNIT TREASURERS MAKE CHECKS PAYABLE TO DEPARTMENT TREASURER, MCLA. DEPARTMENT TREASURERS & UNCHARTERED STATES MAKE CHECKS PAYABLE TO NATIONAL HEADQUARTERS, MCLA, INC.

PLEASE LIST MEMBERS ALPHABETICALLY. PLEASE TYPE OR PRINT NEATLY & LEGIBLY

CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
LIFE #	STREET ADDRESS (or PO BOX#)		CITY	STATE ZIP+4
CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
LIFE #	STREET ADDRESS (or PO BOX#)		CITY	STATE ZIP+4
CODE	LAST NAME	FIRST	MI	DATE OF BIRTH (if NLM)
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<b>CODE</b>	<b>DUES</b>	<b>TOTAL MEMBERSHIP PAID TO DATE</b>	
N	___ NEW (Regular) @ \$ 12.00 = \$ _____		<b><u>THIS TRANSMITTAL TOTAL TO DATE</u></b>
R	___ RENEW (Regular) @ \$ 12.00 = \$ _____	REGULAR MEMBERS	_____
RI or RIAM	___ REINSTATE (Reg/Assoc) @ \$ _____ = \$ _____	REGULAR LIFE MEMBERS	_____
T or TAM	___ TRANSFER (Reg/Assoc) @ \$ 0 = \$ 0		
NLM	___ NEW (Regular Life) @ \$ _____ = \$ _____	ASSOCIATE MEMBERS	_____
LM	___ RENEW (Regular Life) @ \$ 0 = \$ 0	ASSOCIATE LIFE MEMBERS	_____
TLM or TALM	___ TRANSFER (Reg/Assoc Life) @ \$ 0 = \$ 0		
NAM	___ NEW (Associate) @ \$ 12.00 = \$ _____		<b><u>SIGNATURES</u></b>
RAM	___ RENEW (Associate) @ \$ 12.00 = \$ _____	UNIT TREASURER	_____
NALM	___ NEW (Associate Life) @ \$ _____ = \$ _____	ADDRESS	_____
ALM	___ RENEW (Associate Life) @ \$ 0 = \$ 0	CITY, ST, ZIP	_____
	___ BOND @ \$ 3.50 = \$ _____	DEPT. REC'D DATE	_____
	___ INITIATION FEES @ \$ 5.00 = \$ _____	DEPT. TREASURER	_____
	___ DEPARTMENT DUES @ \$ _____ = \$ _____	NATL REC'D DATE	_____
<b>TOTAL</b>	<b>\$ _____</b>	NATL HEADQUARTERS	_____