



MARINE CORPS LEAGUE REQUEST FOR TRANSFER

1. Printed Name _____ Member # _____ PLM # _____

Street _____ Apt # _____

City _____ State _____ Zip +4 _____

SSN _____ Tele# (____) _____ Date of Birth ____/____/____

Date of Enlistment/Commissioning ____/____/____ Date of Discharge/Separation/Retirement ____/____/____

I hereby request that my membership as a ____ Regular Member ____ M-A-L ____ Dual Member ____ Associate Member,
in the _____ Detachment # _____ be transferred to the _____

Detachment # _____ Department of _____ as a ____ Regular Member ____ Dual
Member ____ Associate Member or to ____ M-A-L status.

Signature Date

2. TO BE COMPLETED BY THE LOSING DETACHMENT (Det. No. _____)

The above member is in good standing _____; delinquent _____. Membership expiration date is
____/____/____

Member (is/is not) indebted to this Detachment. (If indebted, please explain on reverse side). The transfer of this
member is approved _____ disapproved _____.

Signature of Commandant Date

3. TO BE COMPLETED BY THE GAINING DETACHMENT (Det. No. _____)

I have reviewed the foregoing information and hereby approve ____; disapprove ____ of the transfer of this member.

Signature of Commandant Date

4. FOR DUAL MEMBERS ONLY

____ I certify that I am a Dual Member and I hereby request that my voting rights for Department and National
Conventions be transferred to _____ Detachment # _____ Department of _____

Signature of Dual Member Date

INSTRUCTIONS (Type or print legibly)

Member requesting transfer:

Complete all information in #1 and #4 (if applicable) above. Sign and date the application in space provided. Forward the form to your current Detachment Commandant for approval.

Losing Detachment Commandant:

Complete the appropriate information in #2. Sign and date the form in the space provided. Retain one copy for Detachment records and forward the original and two copies to the gaining Detachment Commandant. Send one copy to your Department Paymaster for information purposes.

Gaining Detachment Commandant:

Complete # 3 as appropriate. Sign and date the form in the space provided. Retain one copy. Forward the original and remaining copy to the Department Paymaster, along with Dues Transmittal Form listing the transferring member.

Department Adjutant/Paymaster:

Retain bottom copy and forward the original to National Headquarters along with Dues Transmittal Form listing the transferring member.