



# **DEPARTMENT OF FLORIDA**

## **Detachment Administrative Forms Manual**

## **Detachment Administrative Forms Manual**

The **Detachment Administrative Forms** Manual provides detailed information and instructions on all the administrative actions required of a detachment to maintain its compliance and to ensure all detachment members are in good standing.

Each Detachment staff officer needs to understand the forms and reports of the League and the required filings for the US federal government, the state of Florida and the National Marine Corps League. Understanding how to complete and submit/file these items is also important to provide backup in the event an officer needs to step in for another officer for a short period of time. Ultimately the detachment commandant is responsible, but each officer has been elected or appointed to support the commandant, the detachment and the members.

The Administrative Forms Manual includes instructions on completing the forms/reports, information on submission dates, where/how to submit, and what, if any, additional documentation is required. This latest version of the Department of Florida's **Detachment Administrative Manual** includes many recent updates such as:

- Detachment Compliance Requirements
- Electronic submission process
- Standardized numbering sequence for transmittals
- Life membership dues increase.

Address all questions regarding completion and submission of the administrative forms noted in this Manual to the Department Paymaster or Adjutant.

# Department of Florida

## Detachment Administrative Forms, Reports, Rosters and Filings Manual

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## **Purpose**

- To have all Detachment staff officers understand their reports and forms responsibilities and the administrative flow within their Detachment and National Headquarters via the Department of Florida.
- To provide all Detachment staff officers information and instruction for the accurate completion and timely submission of forms and reports involving federal and state governments and the League to maintain compliance with non-profit and good standing status.

This Administrative Forms Manual is available for download and printing via the Professional Development Program's webpage on the Department's website at: . All Detachment staff officers are encouraged to include this document in their staff resource binder to assist them and those that follow in the position in the preparation and submission or presentation of their respective reports and filings.

## Summary Chart of Administrative Forms/Reports/Rosters/Filings

WHAT report/form	WHO is involved	WHEN to submit/file/present	Additional information
<b>DETACHMENT COMPLIANCE REQUIREMENTS</b>			
IRS 990	<ul style="list-style-type: none"> <li>• Paymaster</li> </ul>	Annually	<ul style="list-style-type: none"> <li>- Check detachment tax filing period; calendar or fiscal. File NLT 15<sup>th</sup> day of the 5<sup>th</sup> month at end of tax filing period</li> <li>- Check IRS status at:</li> </ul>
State of FL – Incorporation & Sunbiz	<ul style="list-style-type: none"> <li>• Paymaster</li> </ul>	Annually	<ul style="list-style-type: none"> <li>- Annual report MUST be filed; includes names of 4 elected officers and paymaster.</li> <li>- Pay annual incorporation renewal fee.</li> <li>- Online at:</li> </ul>
Report(s) of Installation	<ul style="list-style-type: none"> <li>• Elected/appointed Detachment officers.</li> <li>• Paymaster</li> <li>• Installing officer</li> </ul>	Following election and when a vacancy occurs	<ul style="list-style-type: none"> <li>- Det. Commandant checks roster to confirm all elected/appointed officers are in good standing BEFORE installation and BEFORE submitting ROI.</li> <li>- Officers ensure their information is correct.</li> <li>- Adjutant and/or Paymasters prepare in advance of installation.</li> <li>- Scan, email to Department Adjutant</li> </ul>

The above listed Detachment Compliance Requirements are MUST DO items for a detachment to be “in good standing.” When a detachment is not compliant, the Detachment’s charter is in jeopardy as are the voting rights as a detachment. Contact your respective District Vice Commandant for assistance in completing and filing any of these compliance required forms.

## Summary Chart of Administrative Forms/Reports/Rosters/Filings cont'd

WHAT report/form	WHO is involved	WHEN to submit/file/present	Additional information
<b>DETACHMENT ADMINISTRATIVE FORMS</b>			
Application for Membership	<ul style="list-style-type: none"> <li>• Applicant</li> <li>• Detachment sponsor, if applicable</li> <li>• JVC</li> <li>• Paymaster</li> </ul>	Upon occurrence	<ul style="list-style-type: none"> <li>- Vetting of application and DD-214 by Det. Staff/JVC</li> <li>- Voting to approve/deny applicant by Det. members.</li> <li>- <b>Return documents/DD-214 to applicant.</b></li> <li>- If approved, include individual on Det. Roster</li> <li>- <b>Transmittal/Change Form must accompany original approved application</b></li> </ul>
Awards	<ul style="list-style-type: none"> <li>• Commandant</li> <li>• SVC, as assigned</li> </ul>	Upon occurrence & Annually	<ul style="list-style-type: none"> <li>- Recognizes efforts and contributions of Det. members and members of the community.</li> <li>- Membership recognition (5, 10, 15 etc. years)</li> <li>- Det. Commandant authorized to award upon occurrence.</li> <li>- Recommendations to Dept./Nat'l annually</li> </ul>
Detachment Member Rosters	<ul style="list-style-type: none"> <li>• JVC</li> <li>• Paymaster</li> <li>• Others as determined by Det. Commandant</li> </ul>	Quarterly	<ul style="list-style-type: none"> <li>- Sent by Dept. Paymaster on quarterly or as requested basis</li> <li>- Det. Commandant &amp; Paymaster can access member listing via MCL Database Portal</li> <li>- Report to Det. members on status of Detachment, i.e., # of unpaid/paid members, voting #s for convention, etc.</li> </ul>
Membership Dues Transmittal and Change Notification Form	<ul style="list-style-type: none"> <li>• Member</li> <li>• JVC</li> <li>• Adjutant</li> <li>• Paymaster</li> </ul>	Upon occurrence	<ul style="list-style-type: none"> <li>- Main administrative document for all matters concerning members (new, renewal, category change, transfer and changes of address)</li> <li>- Accompanies other MCL forms (Application for Membership, Request for Transfer and Notice of Death).</li> </ul>
Notice of Death	<ul style="list-style-type: none"> <li>• Chaplain &amp; Paymaster</li> <li>• Commandant</li> <li>• Adjutant</li> <li>• JVC</li> </ul>	Upon occurrence	<ul style="list-style-type: none"> <li>- <b>New – Paymaster sends 1 copy of NOD with Transmittal using code "NOD" to Dept. Paymaster</b></li> <li>- Chaplain still sends 4 copies to Dept. Chaplain</li> <li>- Important to reconcile Det. membership roster and PLM Audit, if decedent was a PLM</li> </ul>

## Summary Chart of Administrative Forms/Reports/Rosters/Filings cont'd

WHAT report/form	WHO is involved	WHEN to submit/file/present	Additional information
Request for Transfer	<ul style="list-style-type: none"> <li>• Member</li> <li>• Commandants from losing and gaining detachments.</li> <li>• Adjutant</li> <li>• JVC</li> <li>• Paymaster</li> </ul>	Upon occurrence	<ul style="list-style-type: none"> <li>- Vetting of Request for Transfer by Det. Staff</li> <li>- Voting to approve/deny Request by Det. Members</li> <li>- Gaining Detachment approves and completes Section 3 of Request for Transfer</li> <li>- Gaining Detachment prepares Transmittal/Change Form, uses code "T", and submits both to Dept. Paymaster</li> </ul>
	•		
Paid Life Member Life Interest Check Edit List	<ul style="list-style-type: none"> <li>• Adjutant</li> <li>• JVC</li> <li>• Chaplain</li> <li>• Commandant</li> </ul>	Annually	<ul style="list-style-type: none"> <li>- Verification of current Det. PLM members and auditing of any Det. PLM deaths or transfers</li> <li>Verification signature by Det. Commandant and Adjutant/Paymaster</li> </ul>
VAVS Questionnaire	<ul style="list-style-type: none"> <li>• VAVS officer</li> </ul>	Quarterly	Reports the Detachment's support of veterans at VA hospital/clinic and/or at local community service facilities for veterans

## Recommendations

These recommendations are offered for Detachments to consider in their administrative operations.

**All Detachment staff officers should have a copy of this manual.** All Detachment officers should be familiar with the administrative forms and reports required of their detachment to include what the form/report is, who is involved with the form/report, when and where the form/report is submitted.

**Have an administrative process.** The process should include who, where and how records such as the detachment charter, incorporation papers, budgets, tax and other annual required filings, member information and minutes from detachment meetings and any other official proceedings are maintained. The main role of the Detachment staff is the administrative functioning of the Detachment, and all Detachment officers need to be aware of the process and their role.

**Establish a “deadline calendar” for the Detachment staff.** The establishment of a “deadline calendar” will assist in coordinating the dates with the officer(s) responsible for preparing and submitting the many forms and reports. Such a calendar can also help with accountability and follow-up.

**Keep good records and provide back up.** Each Detachment staff officer should maintain a file that contains the position duties and responsibilities, bylaws, admin procedures, contacts and all other information to serve as a “pass down log”. The format of could be hardcopy or electronic (flash/thumb drive). The purpose is two-fold; one to pass along for the next member elected/appointed to the position and/or two, in it becomes necessary for another to “cover” the position in the event of a health issue, family emergency or the like.

**Consider the use of accounting software such as QuickBooks and Quicken.** If the Detachment can afford the purchase of an accounting software program, it can be helpful in preparing budgets, monthly financial reports and other accounting data for filing and audit purposes.

**Detachment banking accounts should have at least two (2) people listed on the accounts.** This provides for ongoing access to the accounts in the event of death or unexpected absence/vacancy of one of the two individuals.

**Contact respective Department of Florida staff officer with questions on any form or report.** Detachment officers should seek out the advice and assistance at the Department level before calling National Headquarters.



## IRS 990, 990 EZ or 990-N e-Postcard

### WHAT IS IT?

MCL Detachments are required to file with the Internal Revenue Service (IRS) on an annual basis. Prior to 2008 tax exempt organizations were expected to report to IRS only if their gross receipts were over a certain limit. Now ALL tax-exempt organizations **MUST file a report every year** or risk losing your tax-exempt status.

Tax-exempt organizations whose annual gross receipts are normally \$50,000 or less can satisfy their annual reporting requirement by electronically submitting Form 990-N if they choose not to file.

The IRS Form 990 reports are utilized by National Headquarters to update the annual report required for the League's Group Exemption filing requirements to the IRS. Failure to file the appropriate 990 reports to the IRS and updating of our annual filing will subject the entity to the loss of its exempt non-profit status.

Go to this link for the latest posted IRS filing: <https://apps.irs.gov/app/eos/>. Using the EIN of the detachment is the most efficient way to conduct this search.

### WHO IS INVOLVED?

The detachment's compliance with this administrative requirement is the **Detachment Commandant**. The **Detachment Paymaster**, with access and knowledge of the detachment's finances, should file the required IRS form and provide feedback to the Detachment Commandant when filed with the IRS and copy of the 990 form has been sent to the Department Paymaster.

### WHAT and WHEN TO SUBMIT / FILE

Notice to IRS (filing a 990) is due **on or before the 15<sup>th</sup> day of the 5<sup>th</sup> month following your fiscal year end**. Per Marine Corps League National Headquarters, National and most of its subsidiaries (the Detachments, Departments and Divisions) have fiscal years starting on July 1 and ending June 30. Detachments with a fiscal year of January - December should contact the Department Paymaster on how to change to the League's fiscal year.

### **IRS Forms 990 and 990-EZ**

Each Detachment and Department must annually file with National Headquarters, via the Department, a true and complete copy of the front page of its IRS Form 990 or 990-EZ (whichever is required to be filed with the IRS) no later than the due date of filing by IRS rules and regulations, normally by November 15 following the end of the fiscal year of June 30, unless an extension has been requested or the detachment has a different fiscal year (i.e. Jan. 1 to Dec. 31).

### **IRS Form 990-N**

Detachments that qualify under the IRS regulation may elect to file an IRS Form 990-N, (an on-line e-postcard. Since there is no printed copy of this filing, these Detachments will file a copy of the E-Mail Acceptance Receipt.

NOTE: The initial SUBMITTED acknowledgement does not confirm ACCEPTANCE. Return to the IRS site a day or so following submission to view its status that will hopefully note, ACCEPTED. There is no notification if the submission is rejected.

Send the copy of the E-Mail Acceptance Receipt to the Department Paymaster who will then forward the Acceptance Receipts, or a consolidated single report certified by the Department Commandant and the Department Paymaster as true and correct to National Headquarters.



## Florida Department of State, Division of Corporation Incorporation and Filing of Annual Report (Sunbiz)

### WHAT IS IT?

Marine Corps League National Bylaws (Section 850.b. Incorporation) require chartered Departments and Detachments to incorporate within their respective state. In the State of Florida, Chapter 617 of the Florida Statutes provides the incorporation details on not-for-profit corporations.

The Florida Department of State, Division of Corporations is the filing entity that records corporation information on businesses in the state. Information on how to incorporate and maintain an “active” business status is on-line at <https://dos.myflorida.com/sunbiz>.

The required annual report is not a financial report but rather is an update or confirmation of the organization/business records as filed with the Florida Department of State, Division of Corporations. This information includes the name of the organization/business, place of business, names of the officers, designation of the registered agent and address and the federal employer identification number (EIN). An annual report must be filed whether there are any changes to the record of information on file with the state. As most Detachments have changes due to elections, it is necessary to update the information on file.

### WHO IS INVOLVED?

The **Detachment Commandant and Paymaster** are often the main officers involved as the Commandant is frequently listed as the registered agent and the Paymaster is the Detachment’s keeper of records.

### WHAT TO SUBMIT / FILE

- Annual report

## WHEN TO SUBMIT / FILE

- **01 Jan – 01 May** to avoid late fees.
- **3<sup>rd</sup> Friday in Sep** to avoid administrative dissolution.

## WHAT TO MAINTAIN

- Detachments are encouraged to keep copies (photocopy or scanned) of all state filings.

## Sunbiz Annual Report Filing Instructions

- Gather incorporation document(s); the date of incorporation and EIN are required.
- Go to the Sunbiz website: <https://dos.myflorida.com/sunbiz/>
- Under “FILING SERVICES” click on “Annual Report”
- Enter the document number given when the Detachment filed for incorporation or the proper name the Detachment was filed under.
- Click on the green box that says, “Click here to File 20xx Annual Report”.
- The Detachment’s previous filing information (“Details by Entity Name”) will be displayed.
- Go to each item and hit edit or delete if it requires a change to the information listed and enter the new information.
- The next item will ask if you want a Certificate of Status
  - This is not usually required and will cost \$8.75 added in addition to the filing fee.
- Review the Final Review screen and ensure all information is correct.
- Go to Payment Screen
  - You can print your document and send a check or use a credit card and make an electronic filing.

## PRINT THE RECEIPT

## Report of Officer Installation Form

### WHAT IS IT?

The **Report of Officer Installation (ROI) Form** is used by Detachments to provide Department and National the results of annual elections and vacancy replacements as they may occur. The ROI provides the names and contact information of elected and appointed Detachment staff officers as well as the following Detachment related information: Detachment dues, EIN, incorporation #, meeting day/time/locations.

The form should be completed prior to the installation event and include all the detachment officer information (name, phone #, email address, mailing address\*) being installed.

- In the event one or more of the Detachment officers is unavailable for installation, leave that position blank. A second ROI will be needed when that officer is installed at a later date.
- Should a vacancy of any of the elected or appointed officers occur, an ROI noting the replacement(s) needs to be submitted immediately upon the vacancy being filled in accordance with the Detachment's bylaws.

**A current, up-to-date ROI must be submitted for a Detachment to be “in good standing” with the Department and National.**

### WHO IS INVOLVED?

The **Detachment Paymaster, Installing Officer** and **each of the elected and appointed staff officers** are involved with the Report of Officer Installation (ROI) form.

The **Detachment Paymaster** should complete the ROI prior to the installation. The **Installing Officer** should verify that the members being installed are present and sign the ROI following the installation ceremony. The **elected and appointed Detachment staff officers** should review their name and contact information for accuracy.

**A COMMANDANT-ELECT CANNOT INSTALL THEMSELVES**

**Officers eligible to install Detachment staff officers are:**

- **National Commandant**
- An **elected National Officer**
- An **elected Department Officer**
- The **Detachment Commandant** (not on the list of officers being installed)
- A **Past Detachment Commandant** (not on the list of officers being installed)

If the installing officer is also an officer/staff member, they must first be installed by an eligible official from the above list. A **second ROI** is required .

**WHAT TO SUBMIT**

- **Completed, signed/dated Report of Officer Installation Form** original if mailed to Department of Florida Adjutant) **OR**
- **PDF** of completed, signed/dated Report of Officer Installation Form if emailed.

**WHEN TO SUBMIT**

- Within 15 days of the date of installation
- When a vacancy occurs in the detachment staff and a new officer is appointed to fill the vacancy until the detachment's next annual elections.

**WHERE TO SUBMIT**

- For current Department of Florida Adjutant email and mailing address see Department of Florida website at: <https://www.mcl dof.org/adjutant>

**WHAT TO MAINTAIN**

- Detachments are encouraged to keep a copy of all Reports of Officer Installation.

## Report of Officer Installation (ROI) Form Completion Instructions, Explanations and Notes

The ROI form is fairly self-explanatory and as with other MCL forms, can be downloaded and completed on the computer and printed for signatures as required.

All the information in this section goes into the database and is used for the Summary Page on each detachment's member roster. The **DETACHMENT ID** is found at the top of the detachment member roster (see example on Page 34). The **Federal EIN, Incorporation date** and **#** will not change from year to year so look at last year's ROI. The **Date of Elections and Date/Place of Installation** are per MCL National Bylaws, Article IX, Section 940. Detachment annual elections are to occur between 01 Sep and 15 May and installation following an annual election is to occur no later than the last day of the month subsequent to the election. Take note of the officers eligible to install on Page 25; include the **Installing Officer's name & Title** and **have the Installing Officer sign the Report of Officer Installation.**

**All Officers (elected or appointed) MUST be in good standing (dues paid) AND MUST be present to be installed.**

### Day/Date//Time/Place/Address of Detachment Meeting Information

Renewal Dues Amount (**total** for **Detachment**, **Department** and **National** dues)

Name and Title, Signature of Detachment officer completing the ROI and Date



# Marine Corps League

## Report of Officer Installation – Detachment

**Detachment** \_\_\_\_\_  
(Name) (Number) (Profile ID) (Department)

**Federal EIN** \_\_\_\_\_ **Incorporation ID No.** \_\_\_\_\_ **Date of Incorporation** \_\_\_\_\_

\_\_\_\_\_  
(Date of Election) (Place of Installation) (Installation Date)

\_\_\_\_\_  
(Installing Officer's Name and Title) (Installing Officer Signature)

**Note: The Officer must be installed to be listed on this form.**

OFFICE Elected / Appointed	MBR#	PROFILE ID	INCUMBENT (Include NAME & ADDRESS)	EMAIL	PHONE
Commandant			<b>OFFICER'S MUST BE IN GOOD STANDING AND PRESENT TO BE INSTALLED</b>		H
					C
Senior Vice Commandant			Indicate if officer was elected or appointed with an "E" or an "A"		H
Junior Vice Commandant			Include officer's MCL Mbr# and PROFILE ID and contact information		C
Judge Advocate					H
					C
Junior Past Commandant					H
					C
Adjutant					H
					C
Paymaster					H
					C
Chaplain					H
					C
Sgt-At-Arms					H
					C
Marine 4 Life					H
					C
					H
					C

**Date, Time & Place of Detachment Meetings**

\_\_\_\_\_

**Detachment Renewal Dues** *(This amount is the total of Detachment, Department & National dues).....*

\_\_\_\_\_  
(Submitted By) (Title) (Signature) (Date)

**Instructions:**

- 1) Detachment Adjutant/Paymaster sends a copy to the Department Adjutant/Paymaster, retaining a copy for detachment records.
- 2) Department Adjutant/Paymaster sends a copy to the Membership Supervisor and Division NVC, retaining a copy for department records. Membership Supervisor is JD Foster. Email: [jfoster@mcleague.org](mailto:jfoster@mcleague.org)

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## Application for Membership

### WHAT IS IT?

The **Application for Membership** is the form used to **establish an individual's eligibility for membership and compile that data and their name and contact information for the member database**. Eligibility for membership Marine Corps League and the required documentation (DD-214) is specified in the National Bylaws

The fillable Transmittal and Change Notification form can be downloaded from the National League Library at **MEMBERSHIP DOCUMENT LINKS** (after **DETACHMENT, HOLIDAY**, and **MEDIA DOCUMENT LINKS**):

<https://www.mcleaguelibrary.org/home/>

### WHO IS INVOLVED?

The **applicant**, the **MCL Detachment member who recruited and/or is sponsoring the applicant**, the **Detachment's Junior Vice Commandant (JVC)**, the **Detachment's Adjutant** and the **Detachment's Paymaster** are all involved with the Application for Membership.

Because the **JVC** has responsibility for efforts associated with membership within the detachment, it is recommended that the administrative process involving the membership application start with the JVC. The **person applying** for League membership and if applicable, the **MCL member who has recruited the applicant** should meet with the JVC and present document(s) such as the DD-214, as required.

It is recommended that the completed Application and documentation be reviewed before the Detachment meeting where the applicant is being considered. Because of the unfortunate occurrence of falsified and/or altered military records such as the DD-214, Detachments may want to consider reviewing the application and DD-214 at a staff meeting prior to the Detachment meeting. The applicant's DD-214 should be closely reviewed to assess the document's authenticity and the applicant's eligibility for membership. In the event an applicant is not approved for membership, the DD-214 and any money received for membership dues will be returned to the applicant.

If the applicant is approved, the Application and dues payment is given to the **Detachment Paymaster** for submission with a Membership Dues Transmittal and Change Notification Form and ONE check payable to *Department of Florida, MCL* for the payment of the total amount of National and Department dues.

### **WHAT TO SUBMIT**

- **Membership Application(s)** Completed and signed, check for Date of Birth, if an older version is used, do **NOT** include Service # or SSN; black out the # if written in by applicant; scan as a PDF document to accompany Transmittal when emailed to DOF Paymaster

### **WHEN TO SUBMIT**

**Send WITHIN 7 days** of membership approval.

### **WHERE TO SUBMIT**

Department of Florida Paymaster via email at: [mcl dof.paymaster@gmail.com](mailto:mcl dof.paymaster@gmail.com)

### **WHAT TO MAINTAIN**

Detachments are encouraged to keep a copy (photocopy or scanned) of all Applications for Membership whether approved or denied.

## Membership Dues Transmittal & Change Notification Forms

### WHAT IS IT?

The **Membership Dues Transmittal & Change Notification Forms (Transmittal/Change Form)** are the **primary administrative form of the Marine Corps League**. The Transmittal/Forms **administer all matters concerning members** (new membership, renewal, membership category change, request for transfer and notice of death).

The fillable Transmittal and Change Notification forms (Short and Long) can be downloaded at: <https://www.mcleaguelibrary.org/home/> Scroll down page to

### DOCUMENTS

**DETACHMENT DOCUMENT LINKS** and see all forms needed by detachments.

### WHO IS INVOLVED?

The **member, the Detachment JVC, Adjutant and the Paymaster** are all involved in varying degrees with the Transmittal/Change Form. The **member** is involved when it comes to renewal or other changes (transfer, becoming a Paid Life Member or a change of address) relative to their membership. The **Detachment JVC and Adjutant** are involved because they are charged with maintaining a current Detachment member roster to include up-to-date mailing addresses/phone #s/email addresses and membership status. The **Detachment Paymaster** has the main involvement with this form, being responsible for its preparation and submission along with the check for the total amount of the National and Department dues. It was previously noted with the Application for Membership that a Transmittal/Change form must accompany all Applications. Request for Transfer, upon approval by the gaining detachment, must be accompanied with a Transmittal/Change form.

### WHAT TO SUBMIT

- **All supporting documents** (member application, Request for Transfer, Notice of Death) scanned as PDF documents
- **Membership Dues Transmittal** (save/scan as a PDF document)
- **ONE** check payable to **Department of Florida MCL**

- The amount total will include both the National and Department dues
- Annual dues for Department are \$10.00, new members and renewals
- If a member is in good standing (i.e., annual dues are paid), DO NOT pay any Department dues when submitting for Life Membership

### **WHEN TO SUBMIT**

- **New memberships within 7 days** of approval
- **Annual renewals a month or more BEFORE the 31 August** expiration date
- **Transfer of membership within 7 days** of approval
- **Change of membership category within 7 days**

### **WHERE TO SUBMIT**

Email to Department of Florida Paymaster at: [mcl dof.paymaster@gmail.com](mailto:mcl dof.paymaster@gmail.com) and title the email **subject line** the detachment's next **transmittal #** per the numbering sequence adopted at the beginning of the 2024 fiscal year on 01 July 2023 (see Page 18).

### **WHAT TO MAINTAIN**

Detachments are encouraged to keep a copy (photocopy or scanned) of all Transmittal/Change Forms. National Headquarters emails a finalized copy return/email as confirmation of the administrative action on the Transmittal/Change Form. A Detachment copy can assist if follow-up is needed.

## Membership Dues Transmittal & Change Notification Form

### FILLABLE PDF FORMS

The “short” and “long” forms are PDF fillable and are intuitive with respect to completion. Using the tab key will move the cursor to each of the blocks to be completed. If more than six (6) entries are being made at one time, use the long form instead of the multiple pages of the short form. When using the long form, delete any entry pages not used.

### TRANSMITTAL #

Beginning 01 July 2023, a standard numbering sequence for all transmittals is being implemented. The number consists of the Detachment’s # followed by a dash (-), the Fiscal Year (**24**), followed by a dash (-) and sequential numbers beginning with **001** and continuing with 002, 003 as more transmittals are submitted.

**EXAMPLE: 052-24-001**

### MEMBER #, PLM # AND PROFILE ID #

All the above numbers related to the members are on the Detachment Member Rosters provided to Detachment Commandants and Paymasters on a quarterly basis. If you do not have a copy, email the DOF Paymaster at [mcl dof.paymaster@gmail.com](mailto:mcl dof.paymaster@gmail.com) and request a copy of the last quarterly roster.

The Profile ID #'s are on the left column next the member’s last name.

### # OF YEARS PAYING

Entry the # of years a member is paying in the block to the far right after the member’s name. Members may pay more than one year. Enter the total number of years being paid in the calculation column at the bottom of the short form and on the payment’s page on the long form.

### ADDRESS AND OTHER CONTACT INFORMATION

If the member's mailing, email address, phone have not changed, place a checkmark in the square in the upper left corner of the Address block.

## **NATIONAL AND DEPARTMENT DUES**

**Beginning 01 July 2023, detachments will be sending only ONE check that will include the total amount of dues for National and Department.**

This will allow for electronic submission and payments to National of transmittals. The check sent by the Detachment to the Department will be deposited in the Department's general fund checking account. Payment of the respective transmittals submitted to National will be done by the DOF Paymaster via the electronic payment system (EFT) used by MCL National HQ.

**Mail one check payable to DEPARTMENT OF FLORIDA, MCL with notation of the Transmittal # in the memo line to DOF Paymaster at: 9741 SW 63<sup>RD</sup> LOOP, OCALA, FL 34481.**

In the NATIONAL DUES ONLY Check # section enter the Detachment check #. Enter the same Detachment check # in the Department Dues Check # section.

A notation (**DOF ACH**) will be made on the transmittal by the DOF Paymaster and/or Assistant Paymaster when received and prior to being submitted to National.

## **DETACHMENT and DEPARTMENT PAYMASTER INFORMATION**

Enter Detachment Paymaster name; enter an e-signature; Detachment return email address, mailing address

Enter Department Paymaster name, email address and phone number.

**Detachment Information Section**

- 1. NAME OF THE DETACHMENT.** NOT the paymaster's name.
- 2. DETACHMENT #**
- 3. DATE (month, month, day, day and complete year).** This should be the date you are completing the transmittal. It is recommended to match the date on the transmittal with the date on the checks you write.
- 4. TRANSMITTAL #.** Standardized numbering sequence that consists of the Detachment # followed by a dash (-), the current fiscal year (24) followed by a dash (-) and sequential numbers beginning with 001. Subsequent transmittals will be numbered 002, 003, etc.

**MARINE CORPS LEAGUE  
MEMBERSHIP DUES TRANSMITTAL & CHANGE NOTIFICATION FORM**

FROM:DETACHMENT:

DETACHMENT #

TO: National Adjutant/ Paymaster, P.O. Box 1990, Stafford VA 22555-1990

VIA: Department Paymaster *PLEASE READ CAREFULLY*

Date:

Transmittal #

- Transmittal forms are PDF fillable and are to be completed via the computer. No hand-written transmittals will be accepted.
- Mail **ONE** check payable to the *Department of Florida, MCL* and mail to DOF Paymaster at: 9741 SW 63<sup>rd</sup> Loop, Ocala, FL 34481. Check amount to include total of National and Department dues.
- ENTER DATE OF BIRTH for all new members and when member is applying for Life membership.
- All documents (member application, Request for Transfer, Notice of Death) are to be scanned as PDF documents and included as an attachment along with the transmittal.
- If there are more than six (6) entries, use the LONG transmittal form. Do NOT use the multiple pages of the short form.

## Member Information Section

- 5. MEMBER #.** Enter the current membership number of the member. Associate Member's number begins with the letter "X" (i.e.X123456). MCL #s issued from 2021 will have an R, A or L preceding the #. The Profile ID # will be the same only w/o the letter. No number is entered when submitting a new approved membership application.
- 6. CODE(S).** Enter one of the applicable code(s) from the list as it relates to that particular member
- 7. LAST NAME (JR, etc.) FIRST and MI (middle initial).**
- 8. # of Yrs Paying** Enter number of years members is renewing
- 9. Paid Life Member #** On the Detachment Member Roster
- 10. STREET ADDRESS/PO BOX #** (include any Apartment, Unit or Lot #).  
**CITY, ST** (two letter state identifier) and **ZIP CODE +4**. If there has been no change, put a checkmark in the box  \*\*
- 11. PROFILE ID#** This number is a database number that is used to identify a member in the database; found in the first column on Detachment Member Roster.
- 12. EMAIL ADDRESS** Enter email address of member if applicable.
- 13. TELEPHONE** This is the member's primary phone contact
- 14. DATE BIRTH/DEATH**". Date of Birth is **required** for all new members and members applying for Life Membership. Date of Death is needed when submitting a Notice of Death.

MEMBER #	CODE(S)	HQ USE ONLY	LAST NAME (JR, etc.)	7	FIRST	MI	# of Years Paying	
5	6						8	
PLM #	<input checked="" type="checkbox"/> **	STREET ADDRESS (or PO BOX #)		10	CITY	ST	ZIP + 4	Prior Expiration
9								
PROFILE ID #	E-MAIL ADDRESS		12	TELEPHONE NUMBER		DATE BIRTH / DEATH		
11				13		14		

**Be sure to include a Code (6);** do not leave blank. Codes are on the first page of each of the Transmittal forms.

**More than one year can be paid at one time; include number at # of Years Paying (8)**



**National Information Section**

**Department / Detachment Information Section**

**13.** Enter **DOF ACH** in place of Check # written for the total dues for National MCL and DOF

**14.** Enter the **NUMBER** of members paying dues to the left of **each** code(s), as applicable. The amount is automatically calculated in \$ column to the right.

**15.** The total under **National Dues** is automatically calculated if using the downloaded form electronically. **Add this amount to the check to be written to Department of Florida at 16**

**16.** Enter the **CHECK #** and the **TOTAL** amounts for National AND Department of Florida dues.

**17.** Enter **NAME** of Detachment Paymaster; add an **e-Signature**; **EMAIL ADDRESS** for return/receipt of finalized copy of the Transmittal; mailing **ADDRESS, CITY, ST** and **ZIP+4** for the Detachment

**18.** Enter **NAME, EMAIL & PHONE** for DOF Paymaster

	Check #	DOF ACH
<b>NATIONAL DUES ONLY</b>		
R ___Renewal \$20.00		\$ 0.00
N ___New Member \$25.00		0.00
RAM ___Renewal Associate \$20.00		0.00
NAM ___New Associate \$25.00		0.00
RDM ___Renewal Dual \$20.00		0.00
NDM ___New Dual \$25.00		0.00
N* ___March 1st-June 30th \$15.00		0.00
NAM* ___March 1st-June 30th \$15.00		0.00
NDM* ___March 1st-June 30th \$15.00		0.00
<b>Life Member by age:</b>		
L ___35 and under \$1000		0.00
L ___36 to 50 \$800		0.00
L ___51 to 64 \$600		0.00
L ___65 to 84 \$400		0.00
L ___85 and over \$100		0.00
<b>National Dues</b>		\$ 0.00

**15**

<b>Department Dues</b>	<b>17</b>	DETACHMENT PAYMASTERS NAME/SIGNATURE	
Check #	<b>16</b>	TRANSMITTAL RETURN EMAIL	
Total \$		<b>17</b>	ADDRESS
Received at Department		CITY	ST ZIP + 4
Date: _____		DEPARTMENT PAYMASTERS NAME	
Received at National HQ (Date/Time Stamp)		EMAIL	<b>18</b> PHONE NUMBER

T= Transfer  
 R/I=Reinstate Use R section of dues summary  
 FILL OUT ALL FIELDS AND SEND TO DEPARTMENT PAYMASTER w/ FEES  
 DEPARTMENT PAYMASTER FORWARD TO HEADQUARTERS  
 \*For members who join between March 1st and June 30th of each year.

Shaded area are for National HQ use only.

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## Membership Dues Transmittal & Change Notification Long Form

### WHAT IS IT?

The **Membership Dues Transmittal & Change Notification Long Form** is a new addition to the single page, short form described on Pages 7 - . The long form should be used when submitting more than six transactions at a time.

The long form consists of three pages of detachment information with the 4<sup>th</sup> and multiple repeated entry pages available for downloading. After downloading and filling, beware of printing as unless otherwise noted, all fifty-five pages that were downloaded will print.

The following pages provide an overview of the long form like that noted for the short form.

**Page 1** requires only two entries: the **Detachment #** and the **Transmittal #**

### TRANSMITTAL FORM

Detachment # \_\_\_\_\_  
Transmittal # \_\_\_\_\_

**CODES:**

- N(NEW): New Member Paying Full Dues Between the July 1st and the last day of February
- NAM (NEW ASSOCIATE): New Associate Member Paying Full Dues Between the July 1st and the last day of February
- R(RENEWAL): Renewal of a Regular member
- RAM (RENEWAL ASSOCIATE): Renewal of an Associate Member
- RDM (RENEWAL DUAL MEMBER): Renewal of a Dual Member
- NDM (NEW DUAL MEMBER): New Dual Member Paying Full Dues Between the July 1st and the last day of February
- N\*(NEW MARCH 1<sup>ST</sup>-JUNE 30<sup>TH</sup>): New Member Paying Reduced Dues Between the March 1st and the June 30th.
- NAM\*(NEW MARCH 1<sup>ST</sup>-JUNE 30<sup>TH</sup>): New Associate Member Paying Reduced Dues Between the March 1st and June 30th.
- NDM\*(NEW MARCH 1<sup>ST</sup>-JUNE 30<sup>TH</sup>): New Dual Member Paying Reduced Dues Between the March 1st and June 30th.
- L: Life Member
- T: Transfer proper form filled out and signed must accompany the transmittal.
- COAN: Change of address fill in new address.
- COAO: Change of address fill in address before change.
- R/i: Reinstatement of a member. Must have been expired by at least one year.
- DEL: Delete This can only be done with members who are passed the two years drop point or with accompanying letter stating to terminate membership signed by the member.
- NOD: Notice of Death entered on a transmittal / complete all boxes including Date of Death. A copy of the Notice of Death form must be included. Note, IF using NOD code fill in DATE BIRTH / DEATH actual date of death. This does not change the process the Chaplains presently use. It is meant to supplement.
- CON: Change of name.
- CARDG: Replacement of a Gold Life Member Card.
- CARDP: Replacement of the Plastic Membership Card.
- \*: If you have no updates to a members contact information(Address/Phone/Email) You can check this box and leave those boxes empty.
- PROFILE ID = Unique number / identifier assigned to a specific MCL Member in the membership database  
Can be found on you Detachment copy of roster sent to you by the Department Paymaster.

**Page 2** is where the Detachment's Paymaster administrative and contact information is entered along with the name, email, and phone for the Department's Paymaster. An e-Signature can be added at the Detachment Signature line.

Enter **SOUTHEAST** on the line for Division.

### TRANSMITTAL FORM

Detachment # \_\_\_\_\_

Detachment Number: \_\_\_\_\_

Detachment Name: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Detachment Paymaster Name: \_\_\_\_\_

Det. Paymaster Address Line 1: \_\_\_\_\_

Det. Address Line 2: \_\_\_\_\_

Det. Paymaster City: \_\_\_\_\_

Det. Paymaster State: \_\_\_\_\_

Det. Paymaster Zip: \_\_\_\_\_

Det. Paymaster Email: \_\_\_\_\_

Det. Paymaster Phone: \_\_\_\_\_

Dept. Paymaster Name: \_\_\_\_\_

Dept. Paymaster Email: \_\_\_\_\_

Dept. Paymaster Phone: \_\_\_\_\_

Transmittal Date: \_\_\_\_\_

Transmittal #: \_\_\_\_\_

Detachment Signature: \_\_\_\_\_

Department Signature: \_\_\_\_\_

Department Date Received: \_\_\_\_\_

National Date Received: \_\_\_\_\_

TO: National Adjutant/ Paymaster, P.O. Box 1990, Stafford VA 22555-1990

VIA: Department Paymaster

**PLEASE READ CAREFULLY**

- Transmittal forms are PDF fillable and are to be completed via the computer. No hand-written transmittals will be accepted.
- Use this form when there are more than six (6) entries.
- Mail **ONE** check payable to the *Department of Florida, MCL* and mail to DOF Paymaster at: 9741 SW 63<sup>rd</sup> Loop, Ocala, FL 34481. Check amount to include total of National and Department dues.
- ENTER DATE OF BIRTH for all new members and when member is applying for Life membership.
- All documents (member application, Request for Transfer, Notice of Death) are to be scanned as PDF documents and included as attachments along with the transmittal.

**Page 3** is where the payments are indicated by type and quantity. Enter the Det # and Transmittal # at the upper right. Calculate the Department's dues (\$10) for each new member and/or renewal.

Enter check # for the **TOTAL amounts of BOTH the National and Department's dues.** Make **ONE check** payable to the **Department of Florida, Marine Corps League.** Enter the amount for Department dues and check# on the lines for Department.

### TRANSMITTAL FORM

Detachment # \_\_\_\_\_  
Transmittal # \_\_\_\_\_

DEPARTMENT DUES: \_\_\_\_\_  
DEPARTMENT CHECK#: \_\_\_\_\_

NATIONAL DUES ONLY (CODES)	COST PER MEMBER	QUANTITY	TOTAL
N(NEW)	25.00		\$ 0.00
NAM(NEW ASSOCIATE)	25.00		\$ 0.00
R(Renewal)	20.00		\$ 0.00
RAM(Renewal Associate)	20.00		\$ 0.00
RDM(Renewal Dual)	20.00		\$ 0.00
R/(Reinstate)	20.00		\$ 0.00
NDM(New Dual Member)	25.00		\$ 0.00
N*(NEW March 1st-June 30th)	15.00		\$ 0.00
NAM* (NEW March 1st-June 30th)	15.00		\$ 0.00
NDM* (NEW March 1st-June 30th)	15.00		\$ 0.00
L (35 and under)	1000.00		\$ 0.00
L (36-50)	800.00		\$ 0.00
L (51-64)	600.00		\$ 0.00
L (65-84)	400.00		\$ 0.00
L (85 and over)	100.00		\$ 0.00
CARDG	20.00		\$ 0.00
CARDP	10.00		\$ 0.00
TOTAL:			\$ 0.00

NATIONAL CHECK#: \_\_\_\_\_

On the line NATIONAL CHECK#: Enter **DOF ACH**

**Page 4** is where the individual member entries are made. Det and Transmittal #s are entered at the top. The entry information for each member is basically the same as on the short form, Member, PLM, if applicable and Profile ID and name. Place a checkmark in the small box in the address line if there has been no change in the member's contact information. Refer to the Codes on page 1 of the transmittal form.

Each page provides for three entries and there are 20 pages for entries.

**TRANSMITTAL FORM**

Detachment # \_\_\_\_\_ Transmittal # \_\_\_\_\_

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING
PLM#	<input type="checkbox"/> **	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH	
HQ NOTES						

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING
PLM#	<input type="checkbox"/> **	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH	
HQ NOTES						

MEMBER#	CODES	HQ USE ONLY	LAST NAME (JR, ETC)	FIRST	MI	# OF YEARS PAYING
PLM#	<input type="checkbox"/> **	STREET ADDRESS (OR PO BOX #)		CITY	ST	ZIP +4
PROFILE ID#	E-MAIL ADDRESS		TELEPHONE NUMBER		DATE OF BIRTH/DEATH	
HQ NOTES						



**Additional administrative notes and recommendations**  
**Transmittal/Change Form**

- **NEW:** **Change of Mailing Address, Email and Phone Process.** Detachment Commandants and Paymasters are granted access to the National Marine Corps League's Database Portal, previously referred to as the Member Portal. This access gives them the ability to change mailing addresses, email addresses and phone numbers for their detachment members. Detailed instructions on "how to" is found on the MCL Member Library under TRAINING.
- **Transmittal/Change Form** is required for the following MCL Forms: **Application for Membership (New, Associate and Dual Member), Request for Transfer and Notice of Death.**

## Request for Transfer Form

### WHAT IS IT?

The **Request for Transfer Form** is the form **used for a member to transfer from one Detachment to another**. The Request form is also used to transfer a member's voting rights at the Department and National levels. A **Dual Member** normally holds voting rights at whichever Detachment they joined first. A member **MUST** execute a **Request for Transfer, Section 4** to update their voting rights to a new Detachment.

### WHO IS INVOLVED?

The **member, Commandants, JVCs and Adjutants of losing and gaining Detachments**, and the **Paymaster of the gaining Detachment** all are involved with the Request for Transfer.

The **member** starts this administrative action when they wish to move their membership to a different Detachment. A MEMBER MUST BE IN GOOD STANDING, i.e., annual dues paid for the CURRENT membership period to be eligible to transfer. Contact the DOF Paymaster BEFORE completing the paperwork to confirm a member's status.

The **Commandant of the losing Detachment** must sign the Request verifying that the member is in "good standing," i.e., dues are paid. The **JVCs and Adjutants of both the losing and gaining Detachments** are not directly involved but need to update to their respective Detachment member rosters. Once approved, the **Paymaster of the gaining Detachment** prepares a Transmittal/Change Form that must accompany the Request for Transfer.

### WHAT TO SUBMIT

- **Request to Transfer**
- **Transmittal/Change Form**

### WHEN TO SUBMIT

**WITHIN 7 days** of approval by gaining Detachment.

### WHERE TO SUBMIT

Scan form and transmittal as PDF documents and email to DOF Paymaster at:

[mcl dof.paymaster@gmail.com](mailto:mcl dof.paymaster@gmail.com)

### WHAT TO MAINTAIN

Detachments are encouraged to keep a copy (photocopy or scanned) of all Requests for Transfer whether approved or denied.

**Request for Transfer Form**  
**Completion Instructions, Explanations and Notes**

**Section 1** – This section is to be completed by the **member**. The member must complete information, sign and date Part 1 and then provide the signed and dated Request for Transfer Form to the losing Detachment Commandant.

**Marine Corps League**  
**Request for Transfer**

**Section 1** *(To be completed by the transferring member.)*

PLM # \_\_\_\_\_ (If Applicable) Member # \_\_\_\_\_  
(Member Name)

Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_  
(Write None if you don't use email.)

I hereby request that my membership as a \_\_\_ Regular \_\_\_ Dual \_\_\_ Associate \_\_\_ Member at Large  
 be transferred to \_\_\_\_\_  
(Detachment name and number.)

from \_\_\_\_\_  
(Detachment name and number, member at large leave blank.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 2** *(To be completed by the losing detachment's commandant, does not apply to a Member at Large.)*

The above member is in \_\_\_ good standing or is \_\_\_ delinquent.

Membership expiration date is \_\_\_\_\_ .

The member \_\_\_ is or \_\_\_ is not indebted to this detachment. *(If indebted explain on reverse side.)*

Transfer of this member is \_\_\_ approved or \_\_\_ disapproved.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Detachment \_\_\_\_\_

**Section 2** – This section is completed by the **losing Detachment**. The **losing Detachment Commandant** must verify that **(1)** the member is in good standing and not indebted to the Detachment by checking the applicable blank “in good standing” or “delinquent”, **(2)** provide the membership expiration date (09/01/current year) or note Paid Life Member (PLM) status in place of the expiration date, and **(3)** sign and date the Request for Transfer.

The losing Detachment Commandant can either return the Request for Transfer to the member to take to the gaining Detachment OR mail it to the gaining Detachment’s official mailing address or to the gaining Detachment Commandant’s home address.



**Section 3** – This section is completed by the **gaining Detachment**. The **gaining Detachment Commandant** must approve or disapprove the Transfer. It is recommended that the gaining Detachment vote on transferring members. Once approved the gaining Detachment Commandant signs and dates the Request for Transfer Form and provides to the gaining Detachment Paymaster. The **gaining Detachment Paymaster** submits the approved Request for Transfer and a Transmittal/Change Form to the Department Paymaster within seven days of the approval.

**Section 3** (To be completed by gaining detachment's commandant.)

I have reviewed the foregoing information and hereby \_\_\_ approve or \_\_\_ disapprove the transfer of this member.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Det. # \_\_\_\_\_

**Section 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 \_\_\_\_\_, Department of \_\_\_\_\_, (Detachment name and number.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Instructions:*  
1) Complete section 1 & 4 (if applicable) of the form the form and forward to current Detachment Commandant. Detachment Commandant signs and forwards to gaining Detachment Commandant. Gaining Detachment forwards to Department with Dues Transmittal Form. Department forwards Transfer and Transmittal Forms to National Headquarters.  
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**Section 4** – This section is FOR DUAL MEMBERS ONLY and should only be completed if the member intends to move his/her voting rights at Department and National Conventions moved to a new Detachment.

The latest fillable Request for Transfer form can be downloaded at:

<https://www.mcleaguelibrary.org/home/> Scroll down page to

## DOCUMENTS

**DETACHMENT DOCUMENT LINKS** and see all forms needed by detachments.

## Notice of Death Form

### WHAT IS IT?

The Notice of Death Form is used upon the death of a Detachment member.

### WHO IS INVOLVED?

The **Detachment Chaplain** has the responsibility to complete the form without delay and send to the Department Chaplain. The **Detachment Paymaster** also needs to send one copy of the NOD with a completed Transmittal to the Department Paymaster.

### WHAT TO SUBMIT

- Notice of Death Form
  - Scanned PDF of NOD
  - Transmittal Form and “**NOD**” code.

### WHEN TO SUBMIT

As soon as the detachment has confirmation of the member’s death.

### WHERE TO SUBMIT

Department of Florida Paymaster at [mcldof.paymaster@gmail.com](mailto:mcldof.paymaster@gmail.com) and Department of Florida Chaplain at [RonaldAshley1@mac.com](mailto:RonaldAshley1@mac.com)

### WHAT TO MAINTAIN

Detachments are encouraged to keep a copy (photocopy or scanned) of all Notice of Death forms. These will help in roster reconciliations/updates and the annual PLM Life Interest Check Edit List audit. Download the Notice of Death form at:

<https://www.mcleaguelibrary.org/home/> Scroll down page to

### DOCUMENTS

**DETACHMENT DOCUMENT LINKS** and see all forms needed by detachments.

# Marine Corps League

## Notice of Death

\_\_\_\_\_ of the \_\_\_\_\_  
*(Member Name)* *(Detachment Name)*

Detachment # \_\_\_\_\_, Department \_\_\_\_\_ Marine Corps League, did answer his/her Final Earthly Roll Call on \_\_\_\_\_.  
*(Date of Death)*

The deceased is survived by \_\_\_\_\_,  
*(Relation's Name)* *(Relationship)*

who resides at \_\_\_\_\_,  
*(Address)* *(City)*

\_\_\_\_\_, \_\_\_\_\_  
*(State)* *(Zip)*

Membership Number \_\_\_\_\_ PLM Number \_\_\_\_\_ *(If Applicable)*

Remarks:

*A sympathy card will be sent if this notice is received within sixty (60) days from the date of death, unless otherwise requested.*

Date \_\_\_\_\_

Submitted by \_\_\_\_\_  
*(Detachment Chaplain)*

Email Address \_\_\_\_\_

*Instructions:*

- 1) Detachment Chaplain fills out the form then sends a copy to the Department Chaplain retaining a copy for detachment records.*
- 2) Department Chaplain sends a copy to the Marine Corps League National Headquarters and National Chaplain retaining a copy for department records.*
- 3) Detachment Paymaster must attach this form when submitting a Notice of Death via Transmittal.*

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## MCL Awards Form

### WHAT IS IT?

Awards are one of the many ways Commandants can recognize the extra efforts of members who work to promote the mission of the Marine Corps League.

### WHO IS INVOLVED?

**Detachment - Detachment Commandants** are authorized to award the following Detachment-level Marine Corps League awards: **Distinguished Citizen Bronze, Distinguished Service Award, Detachment Recruiter Bronze, Community Service, Individual Meritorious Commendation,** and the **Ceremonial Guard Ribbon.** Detachment Commandant are also authorized to award the **Detachment Elected Officer and Detachment Appointed Officer** at the time of installation of Detachment staff officers:

The **Marine League Medal (Membership)** is normally awarded upon membership approval and every 5 years of continuous membership in the League to Detachment members in good standing.

The **Detachment Marine and Associate of the Year** is awarded by the Detachment's Marine of the Year Society. These awardees may be further nominated by the Detachment for consideration of the Department's Marine and Associate of the Year.

Detachment Commandants may also recommend and request Department level awards for Detachment members by submitting to the Chairman of the Awards (Department Senior Vice Commandant) prior to May 1<sup>st</sup> of each year. Department level awards are often awarded at the Department's annual convention each June. All requests for Department level awards must be received by the Chairman of the Awards (Department Senior Vice Commandant) prior to May 1<sup>st</sup> of each year.

## DEPARTMENT OF FLORIDA AWARDS NOMINATION FORM

Detachment Name	
Detachment Number	
Sr Vice Commandant Name	
EMAIL #	Phone #
<b>NOMINATION</b>	
NOMINEE	
DETACHMENT	
<b>AWARD RECOMMENDATION</b>	
Distinguished Citizen Silver   <input type="checkbox"/>	Distinguished Citizen Bronze   <input type="checkbox"/>
Distinguished Service Bronze   <input type="checkbox"/>	Department Recruiter Silver   <input type="checkbox"/>
Dept Meritorious Unit Commendation   <input type="checkbox"/>	Certificate of Appreciation   <input type="checkbox"/>
Individual Meritorious Commendation   <input type="checkbox"/>	Other   <input type="checkbox"/>
<b>SUMMARY OF ACTION</b>	
SIGNATURE	APPROVE   YES <input type="checkbox"/>   NO <input type="checkbox"/>   DATE

## DEPARTMENT OF FLORIDA AWARDS NOMINATION FORM

<b>Detachment Name</b>	Please put full name of Detachment submitting the nomination
<b>Detachment Number</b>	Please put the detachments number
<b>Sr Vice Commandant Name</b>	Please put the full name of the Sr. Vice Commandant
<b>EMAIL #</b>	Please put the email address for the Sr Vice Commandant
<b>Phone #</b>	Please put the phone number for the Sr Vice Commandant
<b>Nomination</b>	Input either the name of the member or the name of the Detachment being submitted for an award.
<b>Nominee</b>	Please put the full name of the MCL member being nominated
<b>Detachment</b>	Please put the name and number of the Detachment if DOF Unit Commendation
<b>Award Recommendation</b>	Please put a check mark for the award being recommended.
<b>Distinguished Citizen Silver</b>	
<b>Distinguished Citizen Bronze</b>	
<b>Distinguished Service Bronze</b>	
<b>Department Recruiter Silver</b>	
<b>Dept Meritorious Unit Commendation</b>	
<b>Individual Meritorious Commendation</b>	
<b>Certificate of Appreciation</b>	
<b>Other</b>	If award not covered, please indicate the name of the award being recommended.
<b>SUMMARY OF ACTION</b>	Please write why the member is being nominated and add bullets to support the nomination.
<b>Signature</b>	Either the Commandant or Sr. Vice Commandant's signature is placed here
<b>Approve</b>	Indicate whether the Detachment Awards Committee approved <b>Yes</b> or <b>NO</b>
<b>Date</b>	Input the date the award is recommended (ensure you meet the deadline)

DEPARTMENT AWARDS CHAIRMAN ENDORSEMENT			
AWARD RECOMMENDATION AS INDICATED BELOW			
Distinguished Citizen Silver	<input type="checkbox"/>	Distinguished Citizen Bronze	<input type="checkbox"/>
Distinguished Service Bronze	<input type="checkbox"/>	Department Recruiter Silver	<input type="checkbox"/>
Dept Meritorious Unit Commendation	<input type="checkbox"/>	Certificate of Appreciation	<input type="checkbox"/>
Individual Meritorious Commendation	<input type="checkbox"/>	Other	
RECOMMENDATION			
Recommend the award listed above to			
Presentation of this award is in accordance with the Department of Florida Bylaws and Administrative procedures.			
SIGNATURE		DATE	<input style="width: 100px;" type="text"/>

**National** - All requests for National Awards must be first submitted for approval to the Department Commandant.

References

- **Marine Corps League Administrative Procedures**, Enclosure Two (2) and Enclosure Four (4)



# Veteran Affairs Voluntary Service (VAVS) Questionnaire Report

## WHAT IS IT?

This report is used by Detachments to submit the hours of volunteer service Detachment members provide to VA hospital/clinics or local agencies that provide support and services to veterans.

## WHO IS INVOLVED?

Detachments are encouraged to appoint a VAVS representative (see the Member Information Manual or go to the Department of Florida website for additional information and details on this program.

**Department of Florida  
Marine Corps League  
VAVS Questionnaire**

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For period: July – December  (Due by January 31)  
*(Please Print)* January – June  or July – June   
(Due date will be on the form each year)

Detachment name and number \_\_\_\_\_

Detachment location \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Number of members in your Detachment ( \_\_\_\_\_ )

Your Medical Centers name and location \_\_\_\_\_

Total volunteer hours spent at Center by all volunteers ( \_\_\_\_\_ )

Total volunteer hours spent at other than the Center ( \_\_\_\_\_ )

Total monetary donations made by Detachment and/or members to Center \$ \_\_\_\_\_

Total monetary donations made to other than the Center \$ \_\_\_\_\_

Cost of equipment and/or items donated to the Center \$ \_\_\_\_\_  
(If new, use actual cash value; if used use Fair Market Value)

Cost of equipment and/or items donated to other than the Center \$ \_\_\_\_\_

Does your Detachment have a VAVS or Deputy Representative? Yes  No

**(For VAVS Rep. or Deputy Rep)** (If none, leave blank)  
*Representative should be receiving computer printout each month of all hours served.*

Name \_\_\_\_\_ Rep.  Dep.

Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Complete the application and return it to me no later than the date noted for that period.

Submitted by \_\_\_\_\_ Office \_\_\_\_\_ Date \_\_\_\_\_

Please include your contact Email address: \_\_\_\_\_ Phone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Mail to: Jack Prosoh, VAVS  
141 Turtle Creek Dr. or E-mail: mclwilson1045@aol.com  
Tequesta, Fl. 33469-1556



## Quarterly Detachment Member Roster

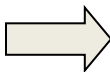
Detachment **Member Rosters** are emailed to Detachments, via the District Vice Commandants at the end of each quarter. The roster lists all the members in the Detachment (regular, associate, dual, paid, and unpaid) as reflected in the National Marine Corps League's member database.

Send rosters discrepancies soonest possible after receipt of the latest quarterly rosters via an email to the Department of Florida. Provide as much detail as possible to include the member's Profile ID and a copy of the completed transmittal(s) relative to the discrepancy.

Once a discrepancy is resolved, the Department of Florida Paymaster will provide a corrected Detachment Member Roster to the Detachment.

### ROSTER OVERVIEW

The two pages of a redacted roster and explanations follow as an overview of reading and interpreting the roster.



**Header information** notes the following general administrative data:

- **"As of"** date of the roster (quarter end date)
- **Division** – SEDIV (Southeast Division)
- **Department ID and Name** – 44244 and Florida
- **Detachment Name, # and ID** – the detachment name and #



**List of members** is in a column/row spreadsheet format. **Columns** (L-R) include the following:

1. **A** indicates an Associate, non-voting member; **M** indicates a non-voting Multiple member.
2. **Profile ID** – a database number generated specific to each member.
3. **Member** (first, MI, last name), **Address, City, St, Zip** – self-explanatory

4. **Member ID** – number assigned by MCL National HQ when member application approved/submitted. Associate members are indicated by an “X” immediately preceding their number.
5. **Life Number** – number assigned by MCL National HQ when member applies for Life membership.
6. **Life Join Date** – self-explanatory.
7. **Mbr Since** – date when member originally joined MCL.

**Paid** – an “N” notes the member is unpaid; a “Y” notes they are paid.

Members listed above the centered line on the first page of the roster are those who are **unpaid**; look for the “N” under the “Paid” column. These members are delinquent and account for the Detachment’s delinquency rate. The members listed below the centered line and on any succeeding pages are **paid**; indicated by a “Y” in the “Paid” column. ”



**The final page** on detachment member rosters summarizes the number of members and includes the latest administrative data on the detachment.

The **Numerical Summary of Members** are noted by category, paid/unpaid, voting/non-voting (small box). Numbers are calculated as follow:

Addition down each column to Total  
Addition across member & Total row

Regular + Associate + Multiple = Total  
PLM + Paid = Total Paid

A **Detachment Administrative Information** includes:

- **Dues Information** – amount on Dues Notice (total amount collected from member for National, Department and Detachment dues) and amount Detachment receives.
- **Detachment Information** – information on election and installation dates, date of Life Member audit, charter date and location, incorporation date and #, EIN and filing dates.
- **Detachment Contact Information** – Detachment Paymaster contact information
- **Meeting Information** – self-explanatory

The source of the administrative information is primarily the Report of Officer Installation (ROI).

**Marine Corps League**

Amount on Dues Notice: \$35.00

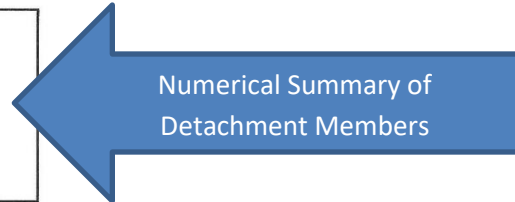
Detachment: 61 MARION

Profile ID: **44272**

Installed: 03/20/2021

Detachment Dues: \$5.00

	PLM	Paid	Total Paid	Unpaid
<b>Regular</b>	35	8	43	1
<b>Associate</b>	3	4	7	3
<b>Multiple</b>	0	0	0	0
<b>Total</b>	38	12	50	4
<b>Voting</b>	43			



**Dues Information**

Amount Shown on Dues Notice: \$35.00  
 Amount Detachment Receives: \$5.00

**Detachment Information**

Election Date: 03/01/2021      Incorporation Date: 12/31/1970  
 Installation Date: 03/20/2021      Incorporation Number: 7199

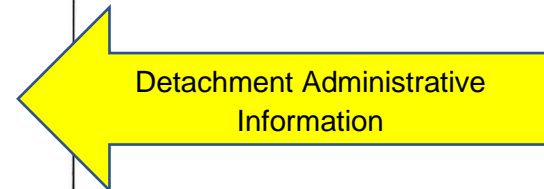
EIN: 59-6190134      L/M Interest Audit Date: 12/31/2021  
 990 Submission Received Date:      Charter Date: 12/28/1965  
 EIN Submitted to IRS for Inclusion:      Charter Location: OCALA  
 Verified on IRS Parent List: True

**Detachment Contact Information**

Name: EDWARD KRECZMER  
 Email: mclfl061paymaster@gmail.com  
 Phone: 3252374242  
 Fax:  
 Fax to the Attention of:

**Detachment Meeting and Location Information**

Meeting Day: (Monday, Tuesday, etc.) FIRST MONDAY OF EACH MONTH  
 Meeting Time: 1700  
 Meeting Place (Building Name): MARION DETACHMENT  
 Street Address: 823 NW 26TH ST  
 City/State/Zip: OCALA, FL 34475



**Paid Life Member Interest Check Edit List**  
**Paid Life Member Fund**  
**PLM Annual Audit**

**WHAT IS IT?**

The **Paid Life Member Interest Check Edit List** is sent annually to all Detachments by the Department as they are received from National. The Edit List is a listing of a Detachment's Paid Life Members (PLMs) and is the basis for the Detachment's annual interest dividend paid from the Paid Life Member Fund. This document is used by Detachments to conduct the PLM annual Audit of this category of members.

**DETACHMENTS MUST BE IN COMPLIANCE TO RECEIVE ANNUAL PLM INTEREST FUNDS.**

The **Paid Life Member Fund** is a monetary fund maintained by National Headquarters and is governed by the 2018 National Administrative Procedures Section 7050 (c). The PLM Fund pays out Interest Dividends annually in the Spring with National, Department and Detachment levels each receiving a 1/3 disbursement from the fund.

The **PLM Annual Audit** must be conducted and submitted to the Department of Florida Paymaster PRIOR to 15 December for the Detachment to receive their annual dividend. The audit consists of reconciliation and verification of the LIVING Paid Life Members in the Detachment.

Detachments receive a disbursement for each Life Member who has been a Life Member for MORE THAN 2 years as of the date on the PLM Audit sheet (normally 30 June of the current year). A PLM Date 3/30/14 would be eligible to receive a disbursement with the Spring 2017 dividend while a PLM Date 4/20/16 would NOT be eligible until Spring 2019 payout).

**WHO IS INVOLVED?**

Department of Florida JVC, District Vice Commandants, Detachment Commandants, JVC, Chaplain and Paymaster all are involved with the PLM audit. National Headquarters sends the Department of Florida PLM Life Interest Edit Check detachment lists in a pdf

file to the **DOF Paymaster**. The **Paymaster** extracts the individual lists for each detachment and emails to each **District Vice Commandant**. The District Vice Commandant sends each Detachment their PLM Life Member Interest Check List for review, audit and completion.

The review and audit consist of updating the Interest Check Edit List of any deceased Detachment PLM member(s) or PLM members who may have transferred in or out of the detachment since the previous audit. **Annotate** directly on the list indicating the change, **DECEASED or TRANSFERRED**. **Include the** dates and transmittal # of the completed transmittal next to the member's name or wherever this is space on the list. Include a separate sheet of paper as needed.

The Detachment Commandant and Paymaster need to **sign and date** the completed Check Edit List submitting a copy of the Notice of Death via Transmittal should help maintain the Edit List in a timelier manner.

## **WHAT TO SUBMIT**

**Life Member Interest Check Edit List**, **annotated** as needed, **signed and dated** by Detachment Commandant and Paymaster

## **WHEN TO SUBMIT**

**PRIOR to 15 December**

## **WHERE TO SUBMIT**

Email signed and dated by Detachment Commandant and Paymaster, scan as a PDF document and email to the Department of Florida Paymaster at:

[mcl dof.paymaster@gmail.com](mailto:mcl dof.paymaster@gmail.com)

## **WHAT TO MAINTAIN**

Detachments are encouraged to keep a copy (photocopy or scanned) of all their PLM Audits.

7/14/2021

Page 1423 of 1942

**Marine Corps League  
Life Interest Check Edit List for  
Fiscal Year: 2021**

Member #	Profile ID	Name	Life Number	Life Join Date	Eligible	Taps	Member Since
<b>ANNOTATIONS</b>							
Make annotations as needed next to PLM's name; line; use arrows to specific individual(s) or circle or highlight.							
<b>DECEASED and Date of Death</b>							
<b>TRANSFERRED TO/FROM DET # and date of transfer.</b>							
Reference completed Transmittal for each of the administrative notations.							
				09/12/2018	Y		12/12/2017
				11/09/2020	N		01/22/2019
							08/15/2012
							09/24/2018
				07/24/2007	Y		01/09/2020
				02/21/1986	Y	Unable to contact	01/09/2020
							03/02/2003
							02/01/1986
							04/21/2011
				11/07/2001	Y		12/07/2020
				09/09/2019	N?		11/01/2001
				05/01/2006	Y		06/21/2017
				01/01/2012	Y		03/01/2006
				11/15/2002	Y		03/02/2003
				09/09/2019	N?		11/01/2002
				12/29/2020	N		10/07/2010
							12/06/2018
							12/03/2015
							12/10/2014
							12/07/2020

Total Eligible Life Members for: 22  
 Total Non-Eligible Life Members for: 7  
 Total Life Members for: 29

*Commandant 10/17/2021*

*Huber & Zabo*  
*Paymaster 12/16/2021*

*passed away 06/30/2020*



**Department of Florida  
Department of Agriculture & Consumer Services  
Solicitation of Contributions Act**

**Letter of Exemption – Title 36**

**WHAT IS IT?**

Chapter 496, of the Florida Statutes requires charitable organizations to register with the Florida Department of Agriculture and Consumer Services (FDACS) prior to engaging in solicitation activities in or from Florida.

The Marine Corps League however, is a Title 36 organization and after submitting documentation to the State of Florida, it was determined that the Department of Florida and the chartered detachments in the Department are exempt from the registration requirement.

**WHAT TO DO IF ASKED FOR YOUR REGISTRATION**

**Provide a copy of the July 20, 2021, letter on the next page.**

DIVISION OF CONSUMER SERVICES  
(850) 410-3800



THE RHODES BUILDING  
2005 APALACHEE PARKWAY  
TALLAHASSEE, FLORIDA 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
COMMISSIONER NICOLE "NIKKI" FRIED

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July 20, 2021

Refer To: DTN3508779 CH5469

DEPARTMENT OF FLORIDA, INC. OF THE MARINE CORPS LEAGUE  
9741 SW 63RD LOOP  
OCALA, FL 34481-2645

Subject: VETERAN TITLE 36

Dear Sir or Madam:

In accordance with s. 496.406(1)(c), Florida Statutes ("F.S."), any division, department, post, or chapter of a veterans' service organization granted a federal charter under Title 36, United States Code, is exempt from the registration requirements of s. 496.405, F.S. This registration exemption is limited to the organization named in the federal charter and does not include other organizations related to the chartered organization.

Upon review of documents and other relevant information submitted to or obtained by the Department of Agriculture and Consumer Services ("Department"), a determination has been made that pursuant to s. 496.406(1)(c), F.S., your organization is exempt from the registration requirements of the Solicitation of Contributions Act. Please note, however, that organizations exempt from the registration requirements of s. 496.405, F.S., must comply with all other requirements of Chapter 496, F.S.

Should changes occur in the future that would render this determination invalid, please contact the Department immediately. If the Department becomes concerned about the validity of this determination, it will contact you immediately for clarification.

Sincerely,

Taylor Ragans  
Regulatory Consultant  
850-410-3685  
Fax: 850-410-3804  
E-mail: [taylor.ragans@fdacs.gov](mailto:taylor.ragans@fdacs.gov)

## Florida Department of Revenue

### Consumer's Certificate of Exemption

#### WHAT IS IT?

Florida law grants governmental entities, including states, counties, municipalities, and political subdivisions (e.g., school districts or municipal libraries), an exemption from Florida sales and use tax. To be eligible for the exemption, Florida law requires that political subdivisions obtain a sales tax *Consumer's Certificate of Exemption* (Form DR-14) from the Florida Department of Revenue.

#### RENEWAL – 5 YEARS

Sales tax exemption certificates expire after five years. The Department reviews each exemption certificate sixty (60) days before the current certificate expires. When a Florida governmental entity remains in effect, a new exemption certificate will be mailed to the governmental entity. For those governmental entities located outside Florida, the Department mails a letter requesting whether the governmental entity wishes to have their Florida exemption certificate renewed. If so, the governmental entity must confirm that the governmental entity remains in effect.

#### HOW TO USE

Provide a copy of the Florida *Consumer's Certificate of Exemption* to the selling dealer to make tax exempt purchases or leases in Florida.

**Payment for the purchase must be made with the governmental entity's funds.**

When payment is made with the personal funds of an authorized representative, the purchase is subject to tax, even if the representative is subsequently reimbursed with the governmental entity's funds. This provision does not apply to authorized employees of a federal agency.

**FOR MORE INFORMATION GO TO:** <https://floridarevenue.com/>