

Marine Corps League

REPORT OF OFFICER INSTALLATION



FROM:	DETACHMENT NAME	DETACHMENT #	DEPARTMENT OF

TO: NATIONAL ADJUTANT PAYMASTER VIA: DEPARTMENT ADJUTANT DET FEDERAL EIN: _____ DET INCORPORATION ID # _____ DATE _____	DEPT FEDERAL EIN: _____ DEPT INCORPORATION ID # _____ DATE _____ FOR DEPT INSTALL ONLY: _____
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DATE OF ELECTIONS	DATE/PLACE OF INSTALLATION	INSTALLING OFFICER & TITLE	SIGNATURE OF INSTALLING OFFICER

DETACHMENT MEETING:				
DAY/DATE OF MEETING	TIME	PLACE		
STREET ADDRESS		CITY	STATE	ZIP

E-MAIL OFFICIAL CORRESPONDENCE TO: _____

FAX OFFICIAL CORRESPONDENCE TO: () _____ **MARK FOR THE ATTN:** _____

*Note: The ADDRESS information called for in the following section does not necessarily refer to the Officer's personal mailing address, but rather the address at which the Officer will receive official correspondence from National and Department Headquarters. If the Department/Detachment has a single address, i.e. PO BOX, to which all official correspondence should be sent, list that address for all Officers. The officer MUST be installed to be listed on form.

OFFICE	INCUMBENT	PHONE NUMBER EMAIL ADDRESS	ADDRESS *See note above	CITY, STATE ZIP +4
COMMANDANT		_____		
SENIOR VICE COMMANDANT		_____		
JUNIOR VICE COMMANDANT		_____		
JUDGE ADVOCATE		_____		
JUNIOR PAST COMMANDANT		_____		
ADJUTANT PAYMASTER		_____		
ADJUTANT		_____		
PAYMASTER		_____		
CHAPLAIN		_____		
SERGEANT- AT ARMS		_____		
WEB SERGEANT		_____		

Total **renewal** dues are \$ _____. This amount is the total of Detachment, Department and National dues and will appear on the Direct Billing Notices.

SUBMITTED BY	TITLE	SIGNATURE	DATE

PLEASE READ CAREFULLY

Detach and retain bottom copy. Forward balance to Department Adjutant.
 Department retain bottom copy and forward original to National HQ
 and remaining copy to National Division Vice Commandant