

Marine Corps League



REPORT OF OFFICER INSTALLATION

FROM:	DETACHMENT NAME	DETACHMENT #	DEPARTMENT OF
--------------	------------------------	---------------------	----------------------

TO: NATIONAL ADJUTANT/PAYMASTER	DEPT FEDERAL EIN: DEPT INCORPORATION ID # _____ DATE _____ FOR DEPT INSTALL ONLY:
VIA DEPARTMENT ADJUTANT	
DET FEDERAL EIN: _____	
DET INCORPORATION ID: _____ DATE _____	

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 the 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		() - _____		,
		() - _____		,
		() - _____		,

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