

# Marine Corps League

## REPORT OF OFFICER INSTALLATION



	DETACHMENT #	DEPARTMENT OF
From:		

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: _____
---	---

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 officer correspondence should be sent, list that address for all Officers. The Officer MUST be installed to be listed on form.

OFFICE	NAME	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 SGT.		_( ) _____		
		_( ) _____		

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

SUBMITTED	TITLE	SIGNATURE	DATE

**PLEASE READ CAREFULLY (4 copies required)**

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.