

MARINE CORPS LEAGUE REQUEST FOR TRANSFER



Printed Name	Member #	PLM#
		##
City	State	Zip+4
SSAN/SERNO	Telephone ()	Date of Birth//
Date of enlistment/Commissioning _	/ Date of Discharge/Separa	tion/Retirement/
I hereby request that my membershi	pin the	Detachment #
be transferred to the	Detachment #	Department
	Signature	Date
TO BE COMPLETED	BY THE LOSING DETACHM	IENT (Det. No)
The above (Regular, Associate, Life) r	nember is: in good standing; delin	quent . Expiration date is
	not) indebted to this Detachment. (If indebt	
The transfer of this member is appro		
	Signature of Commandant	Date
I have reviewed the foregoing inform this member.	ation and hereby approve;, disa	pprove of the transfer of
	Signature of Commandant	Date
	INSTRUCTIONS (Type or print legibly.)	
Member requesting transfer:	Complete all information in Part 1 above. Sign and date the application in the space provided. Forward the form to your current Detachment Commandant for his approval.	
Losing Detachment Commandant:	Complete the appropriate information in Part 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 Part 3 as appropriate. Sign and date the form in the space provided. Retain one copy. Forward the original and remaining copy to the Department Adjutant/Paymaster along with the Transmittal listing the transferring member.	
Department Adjutant/Paymaster:	Retain bottom copy and forward the original to National Headquarters along with the Transmittal listing the transferring member.	