

**MARINE CORPS LEAGUE BY LAWS REQUIRE:
Detachment Report of Officers Installation are sent to:**

**NATIONAL MEMBERSHIP SUPERVISOR at JFoster@MCLeague.org and
DEPARTMENT ADJUTANT at mimcladjutant@gmail.com and
COMPLIANCE OFFICER at mimclcompliance1@gmail.com (electronic copy)**

DETACHMENT CHARTER POSSESSION & LOCATION:

Detachment Number: _____ Detachment Name: _____

Who has or is in possession of the Detachment Charter: _____

Address: _____ Phone: _____

Where is the physical location of the Charter: _____

Financial Institution:

Name of Detachment bank/credit union and the account numbers, **balances are not required:**

Name: _____ Account# _____

Address: _____ Checking# _____

_____ Saving# _____

Additional Accounts: Specify type. (Saving, Checking, CD, Money Market, Scholarship, etc.)

Type of Account: _____ Bank: _____

Account# _____ Address: _____

Certification:

We certify that the above information is current and correct.

Detachment Commandant

Detachment Paymaster

Date

**THIS REPORT MUST ACCOMPANY REPORT OF OFFICER
INSTALLATION & ARE SENT TO DEPARTMENT ADJUTANT WITHIN
10 DAYS OF OFFICER INSTALLATION**