

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

DEPARTMENT ADJUTANT at cmfaymonville@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# _____

_____ Savings# _____

Routing Number: _____

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

Type of Account: _____ Financial: _____

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 AND ARE
SENT TO DEPARTMENT ADJUTANT WITHIN 10 DAYS OF OFFICER INSTALLATION.**