MARINE CORPS LEAGUE OF PENNSYLVANIA, INC.
RECRUITING AWARD RECOMMENDATION FORM

Nominee: _____

(Please fill in name of person nominated for the award)

Detachment: _____

(Fill in the name of the Detachment making the recommendation)

PROFILE ID#	NAME	DETACHMENT NAME / NUMBER	DATE JOINED / REINSTATED

Detachment Endorsement **(Please Sign and Forward to Department SVC)**

The new and/or reinstated members listed above have been submitted on a Transmittal form to the Department Paymaster during the period June 1 through May 31 of this application year.

Verification: _____ _____

Paymaster Name (Sr. Vice if Nominee is the Paymaster) **Paymaster Signature**

Certification: _____ _____

Commandant Name (Sr. Vice if Nominee is Commandant) **Commandant Signature**

The recommendation for the above-listed award is hereby: Approved ◯ Disapproved ◯

Signature: _____

Department Sr. Vice Commandant (SVC) **(Dept. Commandant if Nominee is the Dept. SVC.)**

Directions: Detachment requesting award should complete the top section. Use an additional sheet if needed. Detachment Paymaster verifies by signing form that all Transmittals for new or reinstated members have been submitted with appropriate dues to the Department Paymaster. Detachment Commandant or Sr. Vice certifies the request and forwards to the Department SVC. Award approval is subject to confirmation with the Department Paymaster and National Roster.

Awards are presented at the Department Convention.

Revised 02/06/2025