

MEMBERSHIP TRANSMITTAL FORM

Unit Number _____ Unit Name _____ Membership Year _____

Person completing form _____ Check # _____

Address _____ City _____ Zip _____

Phone# _____ E-Mail _____

Please fill out for each member you are transmitting membership:

Total Seniors (new & renewals) _____ @ **\$18.00** Total \$ _____

Juniors (new & renewals) _____ @ \$ **4.25** Total \$ _____

Previous Years (**\$15 Senior, \$3.50 Junior**) # of members _____ \$ _____

Total Sr. & Jr. names listed (sent) _____ Check Total \$ _____

LAST NAME	FIRST NAME	ID NUMBER	JR	SR	PREVIOUS YEAR(S)
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LAST NAME	FIRST NAME	ID NUMBER	JR	SR	PREVIOUS YEAR(S)
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Department Use Only: _____ Date Received
 _____ Check Number
 _____ Date of MIS Transmittal