

## STATE TREASURER'S REPORT

# FI 8-2

STUDENT ORGANIZATIONS

REPORT # \_\_\_\_\_

DATE \_\_\_\_\_

TREASURER \_\_\_\_\_ STATE \_\_\_\_\_ DUES YEAR \_\_\_\_\_ TO \_\_\_\_\_ PAGE \_\_\_\_\_ of \_\_\_\_\_

**Please Type**

Name of Organization	Advisor's Name, Address, City, Zip Former Advisor's Name (if same, type SAME)	MCM \$ Amt	No. of Mem.	Dues \$ Amt	Type of Class Insert: N = New R = Renew Act. Assoc.	

**Sub Totals:** \_\_\_\_\_

AMOUNT SENT HERewith TO NATIONAL HEADQUARTERS:

Total MCM \$ \_\_\_\_\_ Total Members \_\_\_\_\_ Total Dues \$ \_\_\_\_\_

IMPORTANT: Send original to the National Headquarters. Make additional copies for state use.

I attest that all the information provided above is true and accurate to the best of my knowledge

Signature of Treasurer: \_\_\_\_\_