

STATE TREASURER'S REPORT

FI 8-1

SENIOR ORGANIZATIONS

REPORT # _____
DATE _____

TREASURER _____ STATE _____ DUES YEAR _____ TO _____ PAGE ____ of ____

Please Type

Late Fee: \$5.00 per club after December 1st annually

Name of Organization	President's Name, Address, City, Zip Former Pres. Name (if same type SAME)	No. of Mem.	Dues \$ Amt.	Type of Class		
				Act.	Assoc.	Rein.

Sub Totals: _____

AMOUNT SENT HERewith TO NATIONAL HEADQUARTERS: 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: _____