

STATE TREASURER'S REPORT

FI 8-4

INDIVIDUAL MEMBERS

REPORT # _____

TYPE OF MEMBERSHIP: (See Note Below) _____

DATE _____

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

Please Type

N = New
R = Renew

Name	Address, City, Zip	JRK \$ 6	MCM \$ 7	Dues \$ Amt	Club N or R

Sub Totals: _____

AMOUNT SENT HEREWITH TO NATIONAL HEADQUARTERS:

JRK \$ _____ MCM \$ _____ Total Members _____ Total Dues \$ _____

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

IMPORTANT: USE SEPARATE PAGE FOR EACH TYPE OF INDIVIDUAL MEMBERSHIP: Senior Individual, Contributing, Life, Subscriber, Donor, Patron, Student Individual, Junior Individual, or Cradle Roll. Include Date of Birth for Cradle Roll only.

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

Signature of Treasurer: _____