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:

STUDENT ORGANIZATIONS

Please Type

STATE TREASURER'S REPORT

TREASURER______STATE_____DUES YEAR____TO___PAGE___of____

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REPORT # _____ DATE _____