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, Email 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: _____