Membership Recap Sheet

TRANS #_____   NEW   RENEWAL

UNIT #_____   **YEAR**_____   TRANS   REJOIN

_____SENIORS PAID @ $19.50 EA.   TOTAL PD FOR SENIORS $_____

_____SPECIAL ASSESSMENT SENIORS @ $2.00   TOTAL PD FOR SENIORS $_____

_____JUNIORS PAID @ $4.25 EA.   TOTAL PD FOR JUNIORS $_____

CREDIT USED   - $_____

CHECK #_____ TOTAL PAID $_____

USE SEPARATE SHEET FOR EACH YEAR & FOR NEW, RENEWAL, TRANS & REJOIN

Date _____   Name_____

Your Email:_____

List all members being paid with full name and ID#. Print last name first in **alphabetical** order

LAST NAME	FIRST NAME	SR/JR	ID#
1. _____	_____	_____	_____
2._____	_____	_____	_____
3._____	_____	_____	_____
4._____	_____	_____	_____
5._____	_____	_____	_____
6._____	_____	_____	_____
7._____	_____	_____	_____
8._____	_____	_____	_____
9._____	_____	_____	_____
10._____	_____	_____	_____
11._____	_____	_____	_____
12._____	_____	_____	_____
13._____	_____	_____	_____
14._____	_____	_____	_____
15._____	_____	_____	_____

(ATTACH ADDITIONAL PAGES AS NEEDED ONLY PUT TOTALS ON 1ST PAGE. DO NOT USE BACK OF PAGE)
Mail to Department Headquarters: 1912A Lee Road, Orlando, Fl. 32810
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