**PAYMENT OF BACK DUES**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Unit Number \_\_\_\_\_\_ District Number \_\_\_\_\_\_ Dept. of \_**OH**\_\_

Membership Chairman’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Remittance for Dues $ \_\_\_\_\_\_\_\_\_**

**PLEASE LIST MEMBERS IN ALPHABETICAL ORDER, BY LAST NAME & THEN FIRST NAME AS IT APPEARS ON ROSTER**

*Membership year Membership ID # Name SR JR*

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