# 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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