

**PAYMENT OF BACK DUES**

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

Unit Number \_\_\_\_\_ District Number \_\_\_\_\_ Transmittal Number \_\_\_\_\_

Dept. of Ohio

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**

<i>Membership year</i>	<i>Membership ID #</i>	<i>Name</i>	<i>SR</i>	<i>JR</i>
_____	_____	_____	____	____
_____	_____	_____	____	____
_____	_____	_____	____	____
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_____	_____	_____	____	____
_____	_____	_____	____	____
_____	_____	_____	____	____
_____	_____	_____	____	____

**PLEASE MAKE COPIES OF THIS FORM**