**PAYMENT OF BACK DUES**

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

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

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

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

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

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

Membership year\* submitted **\_\_\_\_\_\_** A separate form is required for **EACH** year being submitted

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

*Membership ID # Name Address City Zip Renew SR JR*

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