



Squadron # \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_  
Name of person completing this form (PRINT CLEARLY) Phone # \_\_\_\_\_

Number of **renewals** \_\_\_\_\_ @ \$11.00 each = \_\_\_\_\_

Number of **new members** \_\_\_\_\_ @ \$11.00 each = \_\_\_\_\_

Number of **paying transfers** \_\_\_\_\_ @ \$11.00 each = \_\_\_\_\_

**Total number of paid cards** \_\_\_\_\_ **Amount of Check** \_\_\_\_\_

Number of **non-paying transfers** \_\_\_\_\_ Number of replacement cards \_\_\_\_\_

Mail Form to: **PO BOX 547859, Orlando, FL 32854**



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