



Squadron # _____ Date _____ Check # _____

Phone # _____

Name of person completing this form (PRINT CLEARLY)

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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