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Auxiliary Name

 Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MEMBER NAME | \*Status(M, LM, NM,  | DUES | LIFE MEMBERPAYMENT | TOTALREMITTANCE |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |
| 11. |  |  |  |  |
| 12. |  |  |  |  |
| 13. |  |  |  |  |
| 14. |  |  |  |  |
| 15. |  |  |  |  |
| **GRAND TOTAL/S** |  |  |  |  |

\*M-Member, LM-Life-Member, NM-New Member, (If New Member or Life Member, application is to be attached) (Payments are made in full, partial payment will not be accepted)