H\]g Zcfa a i ghVY df]bhYX UbX gYbhhc 8YdUfha Ybhk]h\ dUna Ybh/ A Ya VYf 8UhU: cfa fgt. Membership Year: _______ of Unit Name: _____ Unit Number: ____ Date: ____ Contact Name (in case of issues): _____ ______ Phone: _____ Address: _____ Check Number: _____ (make payable to **Department of Nevada**) Dues **TOTAL DUE:** Number of Seniors: _____ x \$27.00 = ____ \$ Number of Juniors: _____ x \$ 3.50 = ____ **Transfer Member WITH Dues** Use this form if current year dues were paid to your unit. MUST include COMPLETED MEMBER DATA FORM Member Previous Previous Date Dues Were New Unit # Member Name Number Unit # State Last Paid 1 2 4 5 6 7 8 9 10 FOR DEPARTMENT USE ONLY Ck #: _____ Amount: ____ Amount Due: ____ Overpayment Made - Credit: _____ Notes

Underpayment Made - Owed: _____

RM: _____