## This form must be printed and sent to Department with payment & Member Data Form(s)!

Membership Year:	Transmittal #:	Page of		
Unit Name:	Unit Number:	Date:		
Contact Name (in case of issues):		Phone:		
Address:				
Check Number:	(make payable to <b>Department o<u>f</u> Nevada</b> )			
	(make payable to <b>bepartment</b>			
Dues		TOTAL DUE:		

## **Transfer Member WITH Dues**

Use this form if current year dues were paid to <u>your</u> unit. <u>MUST</u> include COMPLETED **MEMBER DATA FORM** 

	Member Name	Member Number	Previous Unit #	Previous State	New Unit #	Date Dues Were Last Paid
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

FOR DEPARTMENT USE ONLY					
Ck #:	Amount:	Amount Due:			
Notes	Overpayment Made - Credit: Underpayment Made - Owed:		RM:		