

STATE DUES TRANSMITTAL FORM
FOR
COUNTY TREASURERS

This is the form you will need when you send in your state dues. Membership is determined as of the end of the calendar year December 31, _____. Check your membership records with your county 2nd Vice President so you both agree on the same membership number. The state 2nd Vice President and state Treasurer co-ordinate the membership numbers.

Please fill out the form with both signatures and complete name, address and phone number. Mail your check and form by **JANUARY 15, _____**. Counties who fail to pay on time will be fined an additional \$15.00 for reinstatement.

TRANSMITTAL FORM

IAHCE dues payment for _____ County

_____ members at \$5.00 per member = _____ State Dues.

These figures are correct for the county indicated above as of December 31, _____.

COUNTY TREASURER

COUNTY 2ND VICE PRESIDENT

SIGNED: _____

SIGNED: _____

NAME: _____

NAME: _____

STREET: _____

STREET: _____

PHONE: _____

PHONE: _____

e-Mail _____

e-Mail _____

PLEASE MAKE CHECKS PAYABLE TO: IAHCE

MAIL TO: Current IAHCE State Treasurer (page 1 of Guidebook)