

# Member Dues Statement

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Membership ID: \_\_\_\_\_

Period: \_\_\_\_\_

Description	Due Date	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Due		_____

Notes: \_\_\_\_\_

Please remit payment by the due date. For questions regarding this statement, contact the membership office.