



# California State Council Annual Dues Statement

**FROM**

Chapter \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

Date \_\_\_\_\_

Dues are \$15 per Member \* – Payable by September 1<sup>st</sup> – Delinquent Fee \$5 after November 30<sup>th</sup>

Member Name	Address	Phone	Email	Amount Paid
<i>Attach additional pages as needed</i>				Total Enclosed \$

Office Use Only	
Date Received	_____
Check Number	_____
Amount Received	\$ _____

**MAIL TO:** CSC Treasurer Rickie Brown  
 3372 Corvina Drive  
 Rancho Cordova, CA 95670