



MOPHA

MEMBER VERIFICATION REPORT

MUST BE RECEIVED BY OCTOBER 1.

The following information is based upon the Roster as of June 30th. All members are verified as being members of the Unit except those listed below.

Please state reason for Exception: Deceased (D); Transferred (T); Other (O). Please provide date of Death or Transfer. Use additional pages if needed.

UNIT # _____

Member #	Member Name	Reason for Exception	Date of Exception

Summary of Members:

Number of **Regular Members** * _____
 Number of Junior Members _____
 Number of Associate Members _____

TOTAL Membership _____

I certify that I am the Secretary of Unit # _____. The above information is correct as of **June 30th, 20__**. All exceptions have been noted.

Signature: _____ PRINT NAME: _____

1. This form must be received by the National Secretary, with a copy to the Membership Chairman, by **October 1** of each year.
2. Unit Secretary must sign and date the form.
3. * Life Membership Rebates are based upon the number of **Regular Members** on June 30 of each year.
4. The Life Member Verification Form is part of the compliance requirements of the Unit: The Finance Report and the Filing of IRS Form 990 are also required to be submitted for a Unit to qualify for a Life Membership Rebate and be in compliance with National Guidelines. The Installation Report must have been submitted by May 31st.
5. No rebates are paid to Departments for non-compliant Units.