

REPORT TO STATE TREASURER
Due June 1st

Dues and Booster Fees for 6/1/_____ to 5/31/_____

Chapter Name: _____

Chapter Number: _____ District: _____

Town: _____

Treasurer: _____

Address: _____

Phone Number: _____

E-Mail: _____

Submit 1 copy to State Treasurer

Check # _____ enclosed for _____

\$15.00 per Member \$ _____

\$10.00 Booster Fee \$ _____

Total Amount Enclosed \$ _____

MAKE CHECKS PAYABLE TO: KANSAS STATE COUNCIL OF ESA

**** Change of email address needs to be sent to the State Treasurer as soon as possible so delivery of the News & Views is not interrupted.**

NAME	CHAPTER OFFICE	MAILING ADDRESS	TOWN	ZIP CODE	PHONE NUMBER	CHECK IF NEW MEMBER	E-MAIL ADDRESS**
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NAME	CHAPTER OFFICE	MAILING ADDRESS	TOWN	ZIP CODE	PHONE NUMBER	CHECK IF NEW MEMBER	E-MAIL ADDRESS**
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COMMENTS: _____

Note: Please send by mail or email 1 copy of the membership roster to Kansas State President, Treasurer, Membership Director, and News & Views Editor.