



NEW PER CAPITA AMOUNTS. Please use this form from July 2017, onward.

Per Capita Payment Form

Quarter $\Box 1$ (Jan – Mar) $\Box 2$ (Apr – Jun) $\Box 3$ (Jul – Sep) $\Box 4$ (Oct – Dec)

Local # _____

of Members (Full-time): _____ @ \$0.20/member x 3 months = _____

of Members (Part-time): _____ @ \$0.13/member x 3 months= _____

Total for (circle) 1st 2nd 3rd 4th Quarter, 20____

Amount: \$ _____

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Please Keep Us Updated on Local Executive Member Information

PRESIDENT:	
Home OR Mailing Address:	
Home Phone:	Work Phone:
Email:	Mobile Phone:

TREASURER:	
Home OR Mailing Address:	
Home Phone:	Work Phone:
Email:	Mobile Phone:

SECRETARY:	
Home OR Mailing Address:	
Home Phone:	Work Phone:
Email:	Mobile Phone:

If you have any questions about the per capita payments, please don't hesitate to contact the Council Treasurer via the area office: 519.966.9595