



FINANCIAL FORM

145 Kennedy Street, NW
Washington, DC 20011
(202) 726-5434

DATE: _____

CHAPTER: _____

REGION: _____

LOCATION: _____

TYPE ONLY

NAME	STREET ADDRESS, CITY, STATE, ZIP CODE AND APT. #	CODE (CIRCLE)
1.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
LAST CARD # D.O.B.	PHONE # ()	
2.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
LAST CARD # D.O.B.	PHONE # ()	
3.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
LAST CARD # D.O.B.	PHONE # ()	
4.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
LAST CARD # D.O.B.	PHONE # ()	
5.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
LAST CARD # D.O.B.	PHONE # ()	
6.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
LAST CARD # D.O.B.	PHONE # ()	
7.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
LAST CARD # D.O.B.	PHONE # ()	
8.		A1 A2 A3 A4 A5 A6 A7 A8 B1 B2 B3 B4 B5 B6 B7 B8 C1 C2 C3 C4 C5 C6 C7 C8 D1 D2 D3 D4 D5 D6 D7 D8
LAST CARD # D.O.B.	PHONE # ()	

SHIP FROM: _____ OFFICER TITLE: _____

CHAPTER ADDRESS: _____

DAYTIME PHONE NUMBER: (_____) _____

INTERNATIONAL HEADQUARTERS USE		
RECEIPT NUMBER _____		DATE: _____
QTY.	A. MEMBERS FEES	TOTAL \$
	A1 NATIONAL DUES 1YR. 2YR.	
	A2 REGIONAL DUES 1YR. 2YR.	
	A3 REINSTATEMENT FEE	
	A4 LIFE MEMBER INSTALL.	
	A5 APPLICANT PROCESSING FEE	
	A6 DUPLICATE MEMBERSHIP CARD	
	A7 NATIONAL DUES (LATE)	
	A8 REGIONAL DUES (LATE)	
QTY.	B. MEMBERSHIP MATERIAL	TOTAL \$
	B1 MEMBERSHIP CERTIFICATES	
	B2 NATIONAL CONSTITUTION	
	B3 FRATERNITY PIN (10K GOLD)	
	B4 FRATERNITY PIN (10K GOLD W/OPALS)	
	B5 PUBLICATION	
	B6 DUPLICATE CERTIFICATE	
	B7 THE CRESCENT MAGAZINE	
	B8 HEADQUARTERS BLDG. ASSESSMENT	
QTY.	C. CHAPTER ITEMS	TOTAL \$
	C1 CHAPTER TAX – ALUMNI	
	C2 CHAPTER TAX – COLLEGIATE	
	C3 CHAPTER TAX – ALUMNI (LATE)	
	C4 CHAPTER TAX – COLLEGIATE (LATE)	
	C5 CHAPTER REINSTATEMENT	
	C6 CHARTER FEE (ALUMNI/COLLEGIATE)	
	C7 DUPLICATE CHARTER	
	C8 CONCLAVE ABSENCE FEE	
QTY.	D. INSURANCE/OTHER ITEMS	TOTAL \$
	D1 RISK MANAGEMENT INSURANCE	
	D2 CHAPTER INSURANCE – ALUMNI	
	D3 CHAPTER INSURANCE – COLLEGIATE	
	D4 RISK MANAGEMENT DONATION	
	D5 RITUALS	