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CHARTER FEE/ CHAPTER ASSESSMENT FORM

July 1 , 20__ through June 30, 20__ Due Date: September 1st

Chapter Name:						-
Region:						_
President:						-
Chapter Mailing Address					_	
	(Street or P	(Street or P.O. Box, City, State, and Zip Code)				
		CHARTER F	EE			
Pursuant to our Association By-la remit this fee by September 1st n	·		of \$25.00 annually	by Septembe	er 1st. Chapters	hat fail to
Renewal Revitalized Chapter as of		(Date)	New Chapter as	of	(Date)	
	<u>C</u>	HAPTER ASSES	SSMENT:			
The annual assessment is a requ year. (Calculation: \$10.00 per fina	-			Miss Alumni	contestant for th	e current fiscal
Number of Financial Members			X	\$10 =		
The fo	ollowing checks we	ere mailed to the Nati	onal Alumni Asso	ciation lockb	oox:	
Charter Fee:	Check#	Amount \$		Date		
Chapter Assessment:		Amount S		Date		
		Lockbox Addre	ss:			
	Winston-Sale	m State University Nati P.O. Box 8906 Charlotte, NC 28	370	iation		
Please provide the contact in	nformation for the	member completin	ng this form in ca	se there are	e questions.	
Name:						
Address:				<u> </u>		
Telephone (Include Area Code): F- Mail Address:		(Street or P.O. E	Box, City, State, and	d Zip Code)	<u> </u>	

Distribution Checklist

- 1. File electronically to the Winston-Salem State University National Alumni Office by September 1st.
- 2. Maintain a copy of the report for the chapter's files.