



National Council of Jewish Women

### PER CAPITA AND LIFE MEMBERSHIP DUES TRANSMITTAL FORM

This form and a membership printout must accompany all payments. Sections who receive their reports via e-mail should print out form and submit form with their payment.

Section Name: \_\_\_\_\_ Section #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please check box:**

- Have you attached to your check the names of members for whom you are paying per capita?
- Have you enclosed a separate check for life membership and included their names?
- Are members for whom you are paying per capita clearly marked?
- Are all of the updates legible?

	<b>2008- 2009 Dues FY ending 6/30/09</b>	<b>2009-2010 Dues FY ending 6/30/10</b>
<b>Regular Members</b>		
Number of New Members	# _____	# _____
Number of Renewed Members	# _____	# _____
Total Members	# _____ X \$12.00	# _____ X \$12.00
Total Per Capita Enclosed	\$ _____	\$ _____

<b>Life Members</b>	<b># of Life Members</b>	<b>Total Amount Enclosed</b>
Life Members (Please enclose original applications and separate check.)	# _____ @ \$350.00	\$ _____

**You will delay the processing of your membership report/record if you do not submit names of persons for whom you are paying with this form!**

Please mail form with check (s) made payable to:

NCJW

475 Riverside Drive, Suite 520

New York, NY 10115

**Please make three copies of this document and distribute to:**  
Financial Sec'y/Mem. Contact; Membership Vice President; and Treasurer