Maryland Continuing Care Residents Association

 MaCCRA

CHAPTER DUES TRANSMITTAL

TO: Ethel Landis, State Treasurer

 13801 York Road G-10

 Cockeysville MD 21030

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Name/Non-Chapter Member(s)\*\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Dues Collected $\_\_\_\_\_\_\_\_

Chapter Percent (up to 15%) $\_\_\_\_\_\_\_\_

Amount of Check $\_\_\_\_\_\_

(Make payable to Maryland Continuing Care Residents Association)

Total # of Members as of \_\_ Singles\_\_\_ Couples\_\_\_(list 1/couple)

Submitted by: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Individual $20; Couples $30

NOTE: Notify Ethel and your CCRC President by e-mail when check is mailed via USPS. MaCCRA Treasurer will acknowledge when check is received.

11/23/15