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|  |  **Maryland Continuing Care Residents Association** **Chapter Dues Transmittal Form** |

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To: **MaCCRA State Treasurer**

 **Stephen U. Harders**

 **717 Maiden Choice Lane, Apt. 305**

 **Catonsville, MD 21228-6125**

**suharders@gmail.com**

 **(410) 565-6283**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collected for this transmittal: \_\_\_\_\_\_ individual memberships @ $20.00 each and/or \_\_\_\_\_\_ couple memberships @ $30.00 each. *(Use these numbers to calculate the amounts below.)*

Amount of dues collected for this transmittal: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Less amount withheld for chapter use (up to 15%): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of this remittance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this chapter has \_\_\_\_\_\_\_\_\_\_\_\_\_\_ individual members and

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ couple members *(who count as two members)*, for a total of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ members.

*Example: 20 individual members plus 8 couple members equal 36 total members (20 + (8\*2) = 36).*

*(These numbers represent the membership as of the above date; they can be different from the section above.)*

Submitted by (name, title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address, apartment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your remittance. The state treasurer will acknowledge its receipt by email.