**KFRW CLUB DUES TRANSMITTAL**

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| --- |
| Club Name: |
|  |
| **PRESIDENT** | **TREASURER** |
| Name:  | Name:  |
| Address:  | Address:  |
| City/State/Zip:  | City/State/Zip:  |
| Home Phone:  | Home Phone:  |
| Office Phone:  | Office Phone:  |
| Cell Phone:  | Cell Phone:  |
| Fax:  | Fax:  |
| E-mail:  | E-mail:  |

Enclosed is:

Club registration fee $25.00

Dues for new members @ $15.00 per member

Dues for renew members @ $15.00 per member

**TOTAL REMITTED: $**

**Mail the Dues Transmittal Form and a check**

**(made payable to KFRW) by February 1st to:**

**Donna Davidson, KFRW Treasurer**

**1795 Alysheba Way #3101Lexington, KY 40509**

**(859) 806-5880**