

Date _____

KFRW CLUB DUES TRANSMITTAL

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 #3101 Lexington, KY 40509
(859) 806-5880**