

Date \_\_\_\_\_

## KFRW CLUB DUES TRANSMITTAL

Club Name: \_\_\_\_\_

<b>PRESIDENT</b>	<b>TREASURER</b>
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 @ \$30.00 per member \_\_\_\_\_

Dues for \_\_\_\_\_ **renew** members @ \$30.00 per member \_\_\_\_\_

**TOTAL REMITTED:** ..... \$ \_\_\_\_\_

**Mail the Dues Transmittal Form and a check**  
**(made payable to KFRW) to: Carol Rogers, KFRW Treasurer**  
 2417 Williamsburg Estates Lane  
 Lexington, KY 40504  
 (859) 227-2850  
[carolrogers125@gmail.com](mailto:carolrogers125@gmail.com)