

Date _____

KFRW CLUB DUES TRANSMITTAL 2023

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 (send in only with first report) \$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: Sherry Goodridge, KFRW Treasurer
35 Roselawn Drive
Independence, KY 41051
(859) 905-8113
sherryg_kcrwc@outlook.com