2022-2023 OFFICIAL MEMBERSHIP ROSTER

New or Renewal	First Name	MN	Last Name	Suffix	Address	City	ST	Zip	VR#	Dues	Date Rc'd	SD	Chapter	Cell #	Work #	Home #	Email

_____(Chapter Treasurer) hereby certify that the names and information on this roster are true and correct and that full payment of the $15.00 State Dues were made.

Officer Signature_____ Date_____ Phone(_____) _____

An electronic file is *NOW REQUIRED* *and it must be included with your submission in ths format in a CD or flash drive.*