

For Submission to
the National Office

MEMBERSHIP
Per Capita Remittance Form

Note: Philoptochos Membership Enrollment: January 1st through April 30th

Date: _____ Chapter #: _____

Chapter Name: _____

Church Name: _____

Address: _____

Town/City: _____ State: _____ Zip: _____

President's Name: _____

President's Telephone # and E-Mail: _____

Please Complete:

Check #: _____ For: \$ _____ for the following # of members: _____

2 Signatures required on all checks

- Make checks payable to: National Philoptochos Per Capita
- \$15.00 per member as adopted at the 2010 Convention
- Include the name and address of the Church and your chapter # on the check
- Enclose a list of members, (including their address, phone # and e-mail when available), who have paid their per capita dues and the year
- Please list on a separate sheet the names of your associate members, including men.

Membership cards will be sent upon receipt of check and list

For office use only

20____: _____ 20____: _____ Cards Mailed: _____