



Renewal Member Processing Form

This form should **ONLY** be used for members who are renewing their dues. **ONLY** the member type, member ID, name, amount of dues, date paid, and magazine preference (*highlighted in yellow*) needs to be filled out if there is **NO** change in *name, address, or telephone numbers*. If there are changes, please make those changes on this form. Member IDs can be obtained from your local President or KFBPW Database Manager Millie Lotter.

Member Information: (please type or write clearly)

Dues Information: State MOL \$25.00, State MAL \$25.00, State SOL \$15.00

Member Type: <i>(please check)</i> <input type="checkbox"/> Member of Local (MOL) <input type="checkbox"/> Student of Local (SOL) <input type="checkbox"/> Member at Large (MAL)	Name:	Member ID #:	State Dues	Paid Date	
	Company Name: <i>(if applicable to mailing address)</i>		\$	__ / __ / __	
	Address 1:		State Magazine Delivery Preference		
	Address 2:		<input type="checkbox"/> Electronic <input type="checkbox"/> Hardcopy		
	City, State, Zip:				
	Work:	Home:	Cell:		
	Fax:	Email:			
Member Type: <i>(please check)</i> <input type="checkbox"/> Member of Local (MOL) <input type="checkbox"/> Student of Local (SOL) <input type="checkbox"/> Member at Large (MAL)	Name:	Member ID #:	State Dues	Paid Date	
	Company Name: <i>(if applicable to mailing address)</i>		\$	__ / __ / __	
	Address 1:		State Magazine Delivery Preference		
	Address 2:		<input type="checkbox"/> Electronic <input type="checkbox"/> Hardcopy		
	City, State, Zip:				
	Work:	Home:	Cell:		
	Fax:	Email:			
Member Type: <i>(please check)</i> <input type="checkbox"/> Member of Local (MOL) <input type="checkbox"/> Student of Local (SOL) <input type="checkbox"/> Member at Large (MAL)	Name:	Member ID #:	State Dues	Paid Date	
	Company Name: <i>(if applicable to mailing address)</i>		\$	__ / __ / __	
	Address 1:		State Magazine Delivery Preference		
	Address 2:		<input type="checkbox"/> Electronic <input type="checkbox"/> Hardcopy		
	City, State, Zip:				
	Work:	Home:	Cell:		
	Fax:	Email:			

Step 1: After indicating "Member Type" for each reinstating member, please complete all information requested. All information will be used to update the KFBPW database and used on mailing labels. Please confirm all information for accuracy. Errors can lead to non-receipt of member mailings.

Step 2: Enter the dues collected from each member for State dues. **The current State dues are: Member of Local (MOL) \$25.00, Student of Local (SOL) \$15.00, and Member At Large (MAL) \$25.00.** Information about State dues can be obtained by contacting KFBPW's Membership Chair, Database Manager or State Treasurer.

Step 3: Remit all renewing member dues collected by the 20th of each month. Please use as many forms as you need. Send only the state dues amount collected to KFBPW Treasurer at the address shown. There will no longer be an electronic transfer of Local dues. The local dues should be retained by the local.

PLEASE KEEP A COPY FOR YOUR RECORDS

Remit **STATE DUES** directly to:
KFBPW Treasurer
Diane Croney-Turner
26 Harton Place
Hopkinsville, KY 42240

Copy to:
KFBPW Database Manager
Millie Lotter
420 Westfield Lane
Henderson, KY 42420

Questions ??? Contact: Millie Lotter, Database Manager, (mdlotter@insightbb.com) or Diane Croney-Turner, Treasurer (diane.c@pacs-ky.org)

Total Dues this page	\$
Total Dues for ALL pages submitted for Renewing Members	\$

Local Organization Name: _____

Treasurer's Name: _____

Treasurer's Email Address: _____

Treasurer's Daytime Phone Number: _____ Date: _____