

District: \_\_\_\_\_

CHSRA 2019-2020

Total Members Submitting: \_\_\_\_\_

Associate Membership Transmittal

	Last Name	First Name	Date received	Notes	Payment to District	Amount Paid
1						
2						
3						
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Submitted By: \_\_\_\_\_

Check #: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_