



## PER CAPITA REMITTANCE BLANK

MONTH OF \_\_\_\_\_ 20\_\_\_\_ LOCAL NUMBER \_\_\_\_\_

LOCAL NAME \_\_\_\_\_

NUMBER OF ACTIVE MEMBERS PAID LAST MONTH \_\_\_\_\_

NUMBER OF NEW MEMBERS INITIATED \_\_\_\_\_

SUB TOTAL \_\_\_\_\_

NUMBER OF MEMBERS RETIRED DURING MONTH \_\_\_\_\_

List change detail on next page

TOTAL ACTIVE MEMBERS THIS MONTH \_\_\_\_\_

\_\_\_\_\_ REGULAR PER CAPITA @ \$7.90 (.75 PAC) \$ \_\_\_\_\_

\_\_\_\_\_ INITIATION FEES @ \$10.00 \$ \_\_\_\_\_

\_\_\_\_\_ RETIREES @ \$3.00 \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Fraternally,

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

**NEW YORK STATE PROFESSIONAL FIRE FIGHTER'S ASSOCIATION, INC.  
174 WASHINGTON AVENUE ALBANY, NEW YORK 12210**

**NEW MEMBER(S):** **LOCAL NUMBER:** \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

**REMOVED MEMBER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

REASON AND DATE OF REMOVAL: \_\_\_\_\_

**RETIRED MEMBER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

RETIREMENT DATE: \_\_\_\_\_