



SERVICE MEMBER PAYMENTS VIA SUB-BRANCH FORM

SUB-BRANCH: _____ DATE: _____

| NAME (please use block letters) | SERVICE NO. | S/B REC NO. | YEAR | RENEWAL (✓/x) | REJOIN (✓/x) | NEW (✓/x) | TRANSFER (✓/x) |
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TOTAL AMOUNT PAYABLE: \$ _____

SECRETARY:

Payment via: Chq, Money Order, Online Transfer or EFTPOS.
(Please circle)

Office use only:

Receipt No. _____

Date: _____