

**COMBINED DUES AND INSURANCE
2019**

CFMS Dues: \$2.00 per member
Insurance: \$6.00 per member
Total: \$8.00 per member

Society: _____

Address: _____

Treasurer: _____

We have _____ members as of 12/31/18

I have enclosed a check for: \$ _____ and a list of members as of 12/31/18.
Make check payable to CFMS

Send to: Pat LaRue
P. O. Box 1657
Rialto, CA 92377-1657

CFMS NEWSLETTER

Newsletter Subscription \$5.50 per Calendar Year
(Not Prorated)

Please include your ZIPCode plus 4 for mailing efficiency

New _____ Renewal _____

Name: _____

Address: _____

City: _____ State _____ Zip+4 _____

Club/Society: _____

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Rialto, CA 92377-1657