

**ANNUAL DUES FORM**  
(Due May 1, Annually)

Date \_\_\_\_\_ Chapter \_\_\_\_\_

Submit 1 copy to the National Financial Secretary on or before May 1<sup>st</sup>.

National Dues \_\_\_\_\_ @ (\$100.00 each) \_\_\_\_\_

Conclave & EXBD Tax \_\_\_\_\_ @ (\$40.00 each) \_\_\_\_\_

Project Assessment (\$140 Chapter) \_\_\_\_\_

Late Fee (\$75.00) \_\_\_\_\_

TOTAL AMOUNT PAID \_\_\_\_\_

Make checks payable to CHARMS, INCORPORATED

Submit to: Charm Joy DeFrances-Meyers  
14088 Burlwood Lane  
Van Buren Township, MI 48111

To be completed by National Financial Secretary and Treasurer

**Financial Secretary**

**Treasurer**

**Date received** \_\_\_\_\_

**Date received** \_\_\_\_\_

**Date submitted to Treasurer** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Signature** \_\_\_\_\_

PLEASE LIST EACH MEMBER FOR WHOM DUES ARE BEING SUBMITTED.  
 (This information is necessary to obtain an accurate count of paid members.  
 Thank you!). If a member holds more than one office, please list that member  
 only once. **Please submit only 1 copy of forms.**

Date \_\_\_\_\_ Chapter \_\_\_\_\_

Please indicate the Status of each with the following symbols:  
 A=Active AS = Associate E=Emeriti MAL=Member At Large  
 ML= Member Laureate H=Honorary

Name	Membership Status	Office Held	Amount Paid
1.			
2.			
3.			
4.			
5.			
6.			
7..			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
TOTAL			

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 Thank you!). If a member holds more than one office, please list that member  
 only once. **Please submit only 1 copy of forms.**

Date\_\_\_\_\_ Chapter\_\_\_\_\_

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 ML= Member Laureate H=Honorary

Name	Membership Status	Office Held	Amount Paid
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
TOTAL			