



South Carolina Family and Community Leaders

Date _____

Treasurer and Membership Report Form C

District: _____

County: _____

State FCL Treasurer: Mail an **alphabetical list of members** with address, e-mail address and phone numbers, **Form B** with all NEW or RENEWING members and **Form A** with your county **check** for \$4 per member, on or before January 15th.

State Membership Database Coordinator: Mail one copy of **Form A**, **Form B** and **Form C** on or before January 15th.

County Extension Office: Retain copy of **Form A**, **Form B** and **Form C** for the County Extension Office file.

County Treasurer: Retain copy of **Form A**, **Form B** and **Form C** for your file.

CLUB NAME _____

TREASURER _____

ADDRESS _____

PHONE NUMBER _____

	Amount	Number
1. Membership and Dues (Attach Form B)	_____	_____
2. Pennies for Friendship (Voluntary)	_____	_____
3. Nickels for South Carolina Youth (Voluntary)	_____	_____
4. Contributions for other purposes. (Voluntary) Specify: _____	_____	_____

TOTAL \$ _____

We have _____ new members. (We have designated new members by writing yes in the appropriate column.)

List the following members who have not renewed their membership so that your County will know whom to remove from their membership list.

1. _____
2. _____
3. _____
4. _____
5. _____