



South Carolina Family and Community Leaders

Date _____

Treasurer and Membership Form

Form A

	Members	Amount
1. Membership and Dues State dues paid (\$4 per member) (Attach an alphabetical list of members, with address, e-mail address and phone number.)	_____	\$ _____
2. Individual Membership (\$4 per member)	_____	\$ _____
3. Pennies for Friendship (Voluntary)		\$ _____
4. Nickels for South Carolina Youth (Voluntary)		\$ _____
5. NVON donation (Voluntary)		\$ _____
6. Contributions for other purposes. (Voluntary) Specify:		\$ _____
TOTAL <u>Make check payable to SCFCL</u>		\$ _____

TOTAL COUNTY MEMBERSHIP TO DATE

Black _____ White _____ Other _____ Total _____

Male _____ Female _____ Total _____

NUMBER of CLUBS

Black _____ White _____ Integrated _____ Total _____

Total of NEW MEMBERS _____

County: _____ County Treasurer: _____

Date Mailed to State _____ Address: _____

Treasurer: _____ Phone: _____

IMPORTANT NOTE:

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.

SCFCL BYLAWS - ARTICLE XI – FINANCES

Section 1. County(s) Family and Community Leaders must pay all financial obligations on or before January 15 in order to be in good standing and to qualify for any state recognition.

Due on or before January 15