



NARVRE
National Office
6819 Crumpler Blvd.,
Suite 200
Olive Branch, MS 38654

MEMBERSHIP REPORTING FORM
For reporting all membership activities

Pg. No. _____

Unit # _____ City _____ State _____

Name of Reporting Member _____ Phone No. _____ Date _____

Address of Reporting Member _____ Per Capita: \$23.50 a single; \$30.50 a couple

NAME	NEW MEMBER & CHANGE OF ADDRESS ONLY				New Members ✓	Renew ✓	Reinstate ✓	Withdrawn ✓	Deceased ✓	Dues To Nat'l. Office
	Address	City	State	Zip Code + 4						
Total										\$0.00

Office Use Only

Date Rec'd. _____ Date Entered: _____

Amt Rec'd. _____ Initials: _____

Due From Unit: _____ Owe to Unit: _____

RECAP:	PER CAPITA	Total No.
Single	\$23.50 x	= _____ \$0.00
Couple	\$30.50 x	= _____ \$0.00
Enter Total Amount of Dues		_____ \$0.00
(Over/Underpaid from Previous Report)		_____ \$0.00
Total Remittance		\$0.00